Gulstonian Lectures

ON THE

RELATIONS BETWEEN BODY AND MIND,

AND BETWEEN

MENTAL AND OTHER DISORDERS OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians in 1870.

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LECTURE I.—PART I.

GENTLEMEN,—The relations of mind and body in health and in disease I have chosen as the subject of these Lectures, not with the hope of doing full justice to so complex and difficult an inquiry, but because it has for some time been my special work, and there was no other subject on which I should have felt myself equally justified in addressing you. No one can be more deeply sensible than I am how little we do know accurately of the bodily conditions of our mental functions, and how much of that which we think we know is vague, uncertain, and fluctuating. But the time has come when the immediate business which lies before anyone who would advance our knowledge of mind unquestionably is a close and searching scrutiny of the bodily conditions of its manifestations in health and disease. It is most necessary now to make use of the results of the study of mind in health to light and guide our researches into its morbid phenomena, and in like manner to bring the instructive instances presented by unsound mind to bear upon the interpretation of its healthy functions. The physiology and the pathology of mind are two branches of one science; and he who studies the one must, if he would work wisely and well, study the other also. My aim will be to promote the reconciliation between them, and in doing so I shall embrace the occasion, whenever it offers itself, to indicate the principles which should guide our efforts for what must always be the highest object of medical science and art,—the production and preservation of a sound mind in a sound body. Actually to accomplish much of this purpose will not lie in my power, but I may bring together fragmentary observations, point out the bearing of them on one another and on received opinions, thus unfold their meaning, and mark broadly the lines which future research must take.

Within the memory of men now living insanity was such a special study, and its treatment such a special art, that it stood quite apart from general medicine in a mysterious and mischievous isolation; owing little or nothing to the results of progress in other branches of medicine, and contributing nothing to their progress. The reason of this it is not hard to discover. The habit of viewing mind as an intangible entity, the notion of it as an incorporeal essence, which science inherited from theology, prevented men from subjecting its phenomena to the same method of investigation as other natural phenomena; its disorders were thought to be an incomprehensible affliction, due to the presence of an evil spirit in the sufferer, or to the enslavement of the soul by sin, or to anything but their true cause—bodily disease. Consequently, the treatment of the insane was not in the hands of intelligent physicians, but was given up to coarse and ignorant gaolers, whose savage cruelties will for all time to come be a great and ugly blot upon the enlightenment of the age which tolerated them.

Matters are happily changed now. On all hands it is admitted that the manifestations of mind take place through the nervous system; and that its derangements are the result of nervous disease, amenable to the same method of investigation as other nervous diseases. Insanity has accordingly become a strictly medical study, and its treatment a branch of medical practice. Still it is all too true that, notwithstanding we know much, and are day by day learning more, of the physiology of the nervous system, we are only on the threshold of the study of it as an instrument subserving mental function. We know little more positively than that it has such function; we know nothing whatever of the physics and of the chemistry of thought. The conception of mind as a mysterious entity, different essentially from, and vastly superior to, the body which it inhabits and uses as its earthly tenement, but from which its noblest aspirations are to get free, still works openly or in a latent way to obstruct the study of its functions by the methods of physical research. Without speculating at all concerning the nature of mind—which, let me distinctly declare at the outset, is a question which science cannot touch, and I do not dream of attempting to touch,—I do not shrink from saying that we shall make no progress towards a mental science if we begin by depreciating the body, not by disdaining it, as metaphysicians, religious ascetics, and maniacs have done, but by labouring in an earnest and inquiring spirit to understand it, shall we make any step forward; and when we have fully comprehended its functions, when we know how to estimate fitly this highest, most complex, and wonderful achievement of organised skill, it will be quite time, if there be then any inclination, to look down upon it with contempt.

The truth is that in inquiries concerning mind, as was once the case in speculations concerning other natural phenomena or forces, it has been the practice to begin where the inquiry should have ended. Just as the laws of physical actions were evoked out of the depths of human consciousness, and the relations of bodies to one another attributed to sympathies and antipathies, attractions and abhorrences, instead of being acquired by patient observation and careful generalisation, so has a fabric of mental philosophy been reared in the doubtful revelations of self-consciousness, in entire disregard of the more tedious and less attractive duty of observation of facts, and induction from them. Surely it is time we put seriously to ourselves the question whether the inductive method, which has proved its worth by its abundant fruitfulness wherever it has been faithfully applied, should not be as rigidly used in the investigation of mind as in the investigation of other natural phenomena. If so, we ought certainly to begin our inquiry with the observation of the simplest instances—with its physiological manifestations in animals, in children, in idiots, in savages, mounting by degrees to the highest and most recondite facts of consciousness, the interpretation or the misinterpretation of which constitutes what has hitherto claimed to be mental philosophy. The inductions which we get by observing the simple may be used with success to disentangle the phenomena of the complex; but the endeavour to apply the complex and obscure to the interpretation of the simple is sure to end in confusion and error. The higher mental faculties are formed by evolution from the more simple and elementary, just as the more special and complex structure proceeds from the more simple and general; and in the one case as in the other we must, if we would truly learn, follow the order of development. Not that it is within my present purpose to trace the plan of development of our mental faculties, but the facts and arguments which I shall bring forward will prove how vain and futile it is to strive to rear a sound fabric of mental science on any other foundation.

To begin the study of mind, then, with the observation of its humblest bodily manifestations, is a strictly scientific method. When we come to inquire what these are, it is far from easy to fix the point at which mental functions begin. Without doubt most of the actions of man, and many of those of the higher animals, do evince the operation of mind, but whereabouts in the animal kingdom it first appears, and what part it has in the lower nerve functions of man, are questions not easily answered. The more closely the matter is looked into, the more clearly it appears that we habitually embrace in our conception of mind different nervous functions, some of which proceed from different nerve-centres, and the more necessary it becomes to analyse these functions, to separate the more simple and elementary, and to discover in the concrete as much as possible of the meaning of the abstraction. Is the brain the exclusive organ of mind? If it be so, to what category of functions shall we refer the reflex acts of the spinal cord, which take place independently of the brain, and which

often achieve as definite an end, and seem to display as intelligent an aim, as any conscious act of volition? It needs not to illustrate in detail the nature and extent of reflex action, which is familiar enough, but I may select a striking example in order to serve as a text for the reflections which I wish to bring forward. One simple fact, rightly understood and truly interpreted, will teach as much as a thousand facts of the same kind, but the thousand must have been previously observed in order to understand truly the one; for it is certainly true that to apprehend the full meaning of common things, it is necessary to study a great many uncommon things. This, however, has been done in this instance by the distinguished physiologists whose labours have fixed on a tolerably firm basis the doctrine of reflex action; we may, therefore, take as our starting point the accepted results of their labours.

It is well known that if the hind foot of a frog that has had its head cut off be pinched, it is withdrawn from the irritation. The stimulus to the afferent nerve reaches the grey matter of the spinal cord, and sets free a force which excites to action the corresponding motor nerves of the same side. When the foot is pinched more strongly, the force liberated by the stimulus passes across the cord to the motor nerves of the opposite side, and there is a simultaneous withdrawal of both limbs; and if the excitation be stronger still, there is a wider irradiation of the effects of the stimulus in the grey matter, and a movement of all four limbs follows, the frog jumping away. These movements of the decapitated frog, which it is plain effect the definite purpose of getting it out of the way of harm, we believe to be analogous to the violent coughing by which food that has gone the wrong way is expelled from the human larynx, or to the vomiting by which offending matter is ejected from the stomach. Independently of consciousness and of will, an organism plainly has the power—call it intelligent or call it what we will—of feeling and eschewing what is hurtful to it, as well as of feeling and ensuing what is beneficial to it.

But the experiment on the frog may be made more striking and instructive. Touch with acetic acid the thigh of a decapitated frog over the internal condyle, and the animal rubs it off with the dorsal surface of the foot of the same side; cut off the foot, and apply the acid to the same spot, and the animal tries to get at it again with its foot, but of course, having lost it, cannot. After some fruitless efforts, therefore, it gives up trying in that way, seems restless, as though, says Pflüger, it was seeking some other way; and at last it makes use of the foot of the other leg, and succeeds in rubbing off the acid. Notably we have here not merely contractions of muscles, but combined and harmonised contractions in due sequence for a special purpose. There are actions that have all the appearance of being guided by intelligence and instigated by will in an animal the recognised organ of whose intelligence and will has been removed.

What are we to say in explanation of the movements? Are they mental, or are they only physical? If they are mental, it is plain that we must much enlarge and modify our conception of mind, and of the seat of mind; if physical, it is plain that we must subtract from mind functions that are essential to its full function, and properties that are the very foundations of its development in the higher centres. Some eminent physiologists now maintain, on the strength of these experiments, that the accepted doctrine of reflex action is quite untenable, and that the spinal cord is really endowed with sensation and volition; and certainly these adapted actions seem to give us all the signs of being felt and willed, except telling us that they are so. Before accepting, however, this explanation of the obscure by something more obscure still, it were well to realise distinctly how dangerous a practice it usually is to apply deductively to the interpretation of simple phenomena ideas pertaining to the more complex, and how essential a principle of the method of induction it is to follow the order of evolution, and to ascend from the interpretation of the simple to that of the complex. The explanation savours of the old and evil tendency which has done so much harm in philosophy, the tendency to explain the facts of nature by what we feel to go on in our minds; because we know that most of our actions take place consciously and voluntarily, we can hardly help thinking that it must be the same in the frog. Might we not, however, as well suppose and hold that positive attracts negative and repels positive electricity consciously and voluntarily, or that in the double decomposition of chemical salts one acid chooses voluntarily the other base? It is most necessary to be on our guard against the danger of misapplying ideas derived from internal observation of the functions of mind centres to the interpretation of the functions of lower nerve centres, and so of misinterpreting them. Assuredly we have sad experience enough to warn us against involving the latter in the metaphysical haze which still hangs over the functions of the supreme centres.

All the conclusion which the facts warrant is that actions for a definite end, having indeed the semblance of predesigning consciousness and will, may be quite unconscious and automatic; that the movements of the decapitated frog, adapted as they are to secure its well-being, are no more evidence of intelligence and will than are the movements of coughing, sneezing, and swallowing in man. In the constitution of the animal's spinal cord are implanted the faculties of such movements for self-preservation, which it has inherited as a part of its nature, and without which it could hardly live a day; accordingly it acts necessarily and blindly; though it has lost its foot, it endeavours vainly to act as if its foot was still there, and only when the irritation continues unaffected by its futile efforts makes, in answer to it, those further reflex movements which are the physiological sequences of the unsuccessful movements: it supplements one series of reflex actions by another. But although these purposive movements are not evidence of intelligence and volition in the spinal cord, it is another question whether they do not evince the same physiological properties and the operation of the same laws of evolution as govern the development of intelligence and will in the higher centres.

I have taken the experiment on the frog to exemplify the proposition that designed actions may be unconscious and automatic, because the phenomena are more simple in it than in man, and more easy, therefore, to be understood; but the proposition is equally true of his spinal cord. In its case, however, we have to bear in mind that faculties are not innate to the same degree and extent as in the lower animals, but have to be acquired by education—to be organised, in fact, after birth. It must be taught, just as the brain must, before it can perform its functions as an organ of animal life; and being much more under the control of the more highly developed brain, feeling and volition commonly mingle largely in its functions, and its independent action cannot be so plainly exhibited. But when its motor centres have been taught, when they have gained by education the power of executing what are called secondary automatic acts, it is certain that it can and does habitually execute them independently of consciousness and of will. They become as purely automatic as are the primitive reflex acts of the frog. To the statement, then, that actions bearing the semblance of design may be unconscious and automatic we have now to add a second and most weighty proposition—namely, that acts consciously designed at first may, by repetition, afterwards become unconscious and automatic, the faculties of them being organised in the constitution of the nerve centres, and they being then performed as reflex effects of an external stimulus. This, as we shall see, is a most important law in the development of the higher nerve centres.

Let us now go a step further. The automatic acts, whether primary or secondary, in the frog or in the man, which are excited by the suitable external stimulus, may also be excited by an act of will, by an impulse coming downwards from the brain. When this happens, it should be clearly apprehended that the immediate agency of the movements is the same; it is in the motor centres of the spinal cord; the will does not and cannot act upon the nerve-fibres of each muscle individually, but simply gives the order which sets in motion the organised machinery of the movements in the proper motor centres. This is a consideration of the utmost importance, for it exhibits how great a part of our voluntary acts is really the automatic action of the spinal cord. The same movements are effected by the same agency in answer to different stimuli—in the one case to an external stimulus, in the other case to an impulse of will; and in both cases the mind is alike ignorant how they are done. But while the automatic acts take place independently of will, the will is absolutely dependent on the organised experience in the cord for the accomplishment of its acts;

without this it would be impotent to do a voluntary act. When, therefore, we have taken out of a voluntary act the large part which is due to the automatic agency of the motor centres, it clearly appears that we have subtracted no small proportion from what we are in the habit of comprising vaguely under mind. We perceive, indeed, how indispensable an exact and faithful observation of the functions of the spinal cord is to a true physiological inquiry into mind, and what an important means of analysis a knowledge of them yields us. Carrying the knowledge so gained into our examination of the functions of the higher nerve centres, we observe how much of them it will serve to interpret. The result is that we find a great part of the habitual functions of the higher centres to be similarly automatic, and to admit of a similar physiological interpretation.

There can be no doubt that the ganglionic nuclei of the senses—the sensorial nuclei—are connected with motor nuclei; and that we have in such anatomical arrangement the agency of a number of reflex movements. Most of the instinctive acts of animals are of this kind, the faculties being innate in them. In man, however, who is actually the most helpless, though potentially the most powerful, of all living creatures when he comes into the world, the sensory and associated motor nuclei must be educated, just as the spinal centres must. To illustrate this sensori-motor or instinctive action, we may take the results of Flourens's well-known experiment of removing the cerebral hemispheres of a pigeon. What happens? The pigeon seemingly loses at once all intelligence and all power of spontaneous action. It appears as if it were asleep; yet, if thrown into the air, it will fly. If laid on its back, it struggles on to its legs again; the pupil of the eye contracts to light, and, if the light be very bright, the eyes are shut. It will dress its feathers if they are ruffled, and will sometimes follow with a movement of its head the movement of a candle before it; and, when a pistol is fired off, it will open its eyes, stretch its neck, raise its head, and then fall back into its former attitude. It is quite evident from this experiment that general sensibility and special sensations are possible after the removal of the hemispheres; but they are not then transformed into ideas. The impressions of sense reach and affect the sensory centres, but they are not intellectually *perceived*; and the proper movements are excited, but these are reflex or automatic. There are no ideas, there is no true spontaneity; and the animal would die of hunger before a plateful of food, though it will swallow it when pushed far enough into its mouth to come within the range of the reflex acts of deglutition. Here again, then, we have a surprising variety of adapted actions of which the body is capable without the intervention of intelligence, emotion, and will—without, in fact, mind in its exact sense having any part in them. The pigeon is brought to the level of the invertebrata, which have no higher nerve-centres than sensory ganglia, no centres of intelligence and will, and which execute all their varied and active movements, all their wonderful displays of instinct, through sensory and associated motor nuclei. They seek what is good for them, avoid what is hurtful to them, provide for the propagation of their kind—perform, indeed, all the functions of a very active life without *knowing* that they are doing so, not otherwise than as our pupils contract to light, or as our eyes accommodate themselves to vision at different distances without consciousness on our part. The highest specialisations of this kind of nerve-function are displayed by the ant and the bee; their wonderful instinctive acts show to what a degree of special perfection sensori-motor action may be brought.

Unlike the bee and the ant, man must slowly learn the use of his senses and their respondent movements. This he does by virtue of the fundamental property of nerve centres, whereby they react in a definite way to suitable impressions, organically register their experience, and so acquire by education their special faculties. Thus it is that many of the daily actions of our life, which directly follow impressions on the senses, take place in answer to sensations that are not perceived—become, so to speak, *instinctive*; some of them being not a whit less automatic than the instinctive acts of the bee, or the acts of the pigeon deprived of its hemispheres. When we move about in a room with the objects in which we are quite familiar, we direct our steps so as to avoid them, without being conscious what they are, or what we are doing; we see them, as we easily discover if we try to move about in the same way with our eyes shut, but we do not perceive them, the mind being fully occupied with some train of thought. In like manner, when we go through a series of familiar acts, as in dressing or undressing ourselves, the operations are really automatic; once begun, we continue them in a mechanical order, while the mind is thinking of other things; and if we afterwards reflect upon what we have done, in order to call to mind whether we did or did not omit something, as for instance to wind up our watch, we cannot satisfy ourselves except by trial, even though we had actually done what we were in doubt about. It is evident, indeed, that in a state of profound reverie or abstraction, a person may, as a somnambulist sometimes does, see without knowing that he sees, hear without knowing that he hears, and go through a series of acts scarcely, if at all, conscious of them at the time, and not remembering them afterwards. For the most distinct display of sensori-motor action in man, it is necessary that his cerebral hemispheres, which are so largely developed, and intervene much in the functions of the subordinate centres, should be deeply engaged with their own functions, or that these should be suspended. This appears to be the case in those brief attacks of epileptic unconsciousness known as the *petit mal*, in which a person will sometimes go on with the work he was engaged in at the time of the attack, utterly unaware of the momentary interruption of his consciousness. There are many instances of this sort on record, which I cannot stop to relate now; they prove how large a part sensori-motor functions, which are the highest nerve functions of so many animals, play in our daily actions. We ought clearly to apprehend the fact that, as with the spinal cord, so here, the movements which take place in answer to the stimulus from without may be excited by the stimulus of the will descending from the hemispheres, and that, when they are so excited, the immediate agency of them is the same. The movements that are outwardly manifest are, as it were, contained inwardly in the appropriate motor nuclei; these have been educated to perform them. Hence it is that, when the left corpus striatum is broken up by disease, the right cannot do its special work; if it could, a man might write with his left hand when his right hand was disabled by paralysis.

Thus much, then, concerning our sensori-motor acts. When we have yielded up to the spinal cord all the part in our actions that properly belongs to it, and to the sensory ganglia and their connected motor nuclei all the part that belongs to them, we have subtracted no inconsiderable part from the phenomena which we are in the habit of designating mental and including under mind. But we still leave untouched the highest functions of the nervous system—those to which the hemispherical ganglia minister. These are the functions of intelligence, of emotion, and of will; they are the strictly mental functions. The question at once arises whether we have to do in these supreme centres with fundamentally different properties and different laws of evolution from those which belong to the lower nerve centres. We have to do with different functions certainly; but are the organic processes which take place in them essentially different from, or are they identical with, those of the lower nerve centres? They appear to be essentially the same: there is a reception of impressions, and there is a reaction to impressions, and there is an organic registration of the effects both of the impressions and of the reactions to them. The external stimuli do not, it is true, ascend directly to the supreme centres as they do the spinal centres and the sensory centres; they are transmitted indirectly through the sensory ganglia; it is through the senses that we get our ideas. This is in accordance with the anatomical observation—which, however, is disputed—that no sensory fibres go directly through to the hemispheres, and no motor fibres start directly from them; both sensory and motor fibres stopping at the corpora striata and thalami optici, and new fibres connecting these with the hemispheres. But this does not alter the fundamental similarity of the organic processes in the higher centres. The impressions which are made there are the physiological conditions of *ideas*. The feeling of the ideas is *emotion*; for I hold emotion to mean the special sensibility of the vesicular neurine to ideas. The registration of them is *memory*;

and the reaction to them is *volition*. *Attention* is the maintenance of the tension of an idea or a group of ideas—the keeping it before the mind; and *reflection* is the successive transference of energy from one to another of a series of ideas. We know not, and perhaps never shall know, what mind is; but we are nevertheless bound to investigate, in a scientific spirit, the laws of its functions, and to trace the resemblances which undoubtedly exist between them and the functions of lower nerve centres.

Take, for example, the so-called faculty of memory, of which metaphysicians have made so much as affording us the knowledge of personal identity. From the way in which they usually treat of it, one would suppose that memory was peculiar to mind, and far beyond the reach of physical explanation. But a little reflection will prove that it is nothing of the kind. The acquired functions of the spinal cord, and of the sensory ganglia, obviously imply the existence of memory, which is indispensable to their formation and exercise. How else could these centres be educated? The impressions made upon them, and the answering movements, both leave their traces behind them, which are capable of being revived on the occasions of similar impressions. A ganglionic centre, whether of mind, sensation, or movement, which was without memory, would be an idiotic centre, incapable of being taught its functions. In every nerve-cell there is memory, and not only so, but there is memory in every organic element of the body. The virus of small-pox or of syphilis makes its mark on the constitution for the rest of life. We may *forget* it, but it will not *forget* us, though, like the memory of an old man, it may fade and become faint with advancing age. The manner in which the scar of a cut in a child's finger is perpetuated, and grows as the body grows, evinces, as Mr. Paget has pointed out, that the organic element of the part remembers the change which it has suffered. Memory is the organic registration of the effects of impressions, the organisation of experience, and to recollect is to revive this experience—to call the organised residue into functional activity.

The fact that memory is accompanied by consciousness in the supreme centres does not alter the fundamental nature of the organic processes that are the condition of it. The more sure and perfect, indeed, memory becomes, the more unconscious it becomes; and when an idea or mental state has been completely organised, it is revived without consciousness, and takes its part automatically in our mental operations, just as a habitual movement does in our bodily activity. We perceive in operation here the same law of organisation of conscious acquisitions as unconscious power, which we observed in the functions of the lower nerve centres. A child, while learning to speak or read, has to remember the meaning of each word, must tediously exercise its memory; but which of us finds it necessary to remember the meanings of the common words which we are daily using, as we must do those of a foreign language with which we are not very familiar. We do remember them, of course, but it is by an unconscious memory. In like manner, a pupil, learning to play the pianoforte, is obliged to call to mind each note; but the skilful player goes through no such process of conscious remembrance; his ideas, like his movements, are automatic, and both so rapid as to surpass the rapidity of succession of conscious ideas and movements. To my mind, there are incontrovertible reasons to conclude that the organic conditions of memory are the same in the supreme centres of thought as they are in the lower centres of sensation and of reflex action. Accordingly, in a brain that is not disorganised the organic registrations are never actually forgotten, but endure while life lasts; no wave of oblivion can efface their characters. Consciousness, it is true, may be impotent to recall them; but a fever, a blow on the head, a poison in the blood, a dream, the agony of drowning, the hour of death, rending the veil between our present consciousness and these inscriptions, will sometimes call vividly back, in a momentary flash, much that seemed to have vanished from the mind for ever. In the deepest and most secret recesses of mind, there is nothing hidden from the individual self, or from others, which may not be thus sometimes accidentally revealed; so that it might well be that, as De Quincy surmised, the opening of the book at the day of judgment shall be the unfolding of the everlasting scroll of memory.

REMARKS ON A CASE
OF
COMPOUND DISLOCATION OF THE ANKLE, WITH OTHER INJURIES;
ILLUSTRATING THE ANTISEPTIC SYSTEM OF TREATMENT.*

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(*Continued from p. 406.*)

THE case of complicated injury which we were considering three days since goes on in accordance with our anticipations; and I wish now to say something regarding its subsequent management and progress.

The dressings were changed entirely on the day after the accident. [†In doing this the greatest care is requisite. For the antiseptic injected into the wound on the previous day having been absorbed into the circulation, the extravasated blood, and any portions of tissue killed by the violence of the injury, are as susceptible of putrefaction as if no such treatment had been pursued; and my experience leads me to believe that if, when the dressings are removed, a single drop of serum were to be pressed out by the movements of the limb and then regurgitate into the interior, after being exposed even for a second to the influence of septic air, putrefaction would be pretty certain to occur. The skill required to guard against this risk during the first few days, before the wound has consolidated, used to be a serious drawback to the treatment. But the difficulty and uncertainty arising from this cause have been changed to facility and security by a most simple means—the employment of a syringe, the nozzle of which is inserted beneath the margin of the lac plaster, and, as this is raised, a stream of weak watery solution of carbolic acid (1 to 40) is made to play upon the wound till a piece of calico, soaked with the same lotion, has been placed upon it by an assistant, as a temporary security until the plaster is reapplied. Any examination of the wound that may be desired is made with freedom through the transparent solution thrown over it by the syringe, the wound being never left for an instant without an antiseptic guard. The cloths outside the lac plaster adhere to its edges through drying of the discharges which they absorb, and care must be taken in removing them to hold the plaster down over the region of the wound, so that it may not be, even for a moment, dragged up along with them. These details, while essential to success, are, happily, easy of execution.]

The dressing on the day after the accident and subsequently has differed from that used in the first instance in this respect, that, before applying the lac plaster, the wound itself was covered with a layer of material designed to protect it from the stimulating and irritating influence of the carbolic acid in the antiseptic stratum. You have often seen this "protective" in use in other cases, but I desire now to direct your attention to it more particularly.

Of all those who use antiseptics in surgery, I suspect that I apply them least to the surface of the wound. After the first dressing, the object which I always aim at is to have the material in contact with the exposed tissues approximate as closely as possible to the perfectly bland and neutral characters of the healthy living textures. If you consider the circumstances of a simple fracture, which you cannot too often call to mind if you wish to keep your ideas clear and right upon this subject,—if you remember how the severe contused internal wound, with the interstices of the mangled tissues loaded with extravasated blood, recovers quickly and surely under the protection of the unbroken integument, it is plain that all that is required in an external wound is to guard it against the disturbing influence of external agency. The injured tissues do not need to be "stimulated" or treated with any mysterious "specific"; ALL THAT THEY NEED IS, TO BE LET ALONE. Nature will then take care of them: those which are weakened will recover, and those which have

* Being part of a lecture delivered in the Royal Infirmary of Edinburgh, Feb. 17th, 1870.

† The remarks included within the brackets were made on another occasion.

been deprived of vitality by the injury will serve as pabulum for their living neighbours. Now, of all external agencies the most injurious by far is putrefaction, and this, above all, we endeavour to exclude. But a substance employed with this object, if sufficiently potent to destroy the life of the putrefactive organisms, cannot fail to be abnormally stimulating to the exposed tissues; and these must be protected from its action if the wound is to progress exactly like a subcutaneous injury.

Our "protective," then, should be a material unstimulating in its own substance, and impervious to carbolic acid. At the same time it must be insoluble in the discharges, and sufficiently supple to apply itself readily to the part. But it is by no means easy to find anything fulfilling all these conditions. Gutta percha or caoutchouc, which naturally suggest themselves, transmit the acid from particle to particle of their substance with the utmost facility, and are utterly useless for this object. A metallic plate is quite impervious to the acid. But thin block tin, which I once used, is too rigid, while tin-foil soon wears into holes. I have been lately trying a microscopically thin layer of metal, in the form in which you see it in this specimen. Cotton cloth, coated on one side with caoutchouc, is gilded on the caoutchouc side, and then covered with a film of india-rubber applied in solution. We have ascertained that the gold-leaf thus enclosed between two layers of caoutchouc spread on cloth wears thoroughly well; and, if I can get a manufacturer to enter into the thing, I have hopes of obtaining at last something like a perfect protective. And when this is attained, as the lac plaster is quite trustworthy for excluding putrefaction, our treatment will yield to the full the beautiful results which theory indicates as possible.

There is one more point that must be mentioned with reference to the protective. It is essential that it should be itself antiseptic at the moment of its application, otherwise there would be a risk of its communicating septic particles. This object can be attained by covering it with an extremely thin film of some material soluble in water; so that when dipped into a watery solution of the acid it may be uniformly moistened with the antiseptic, but in so small a quantity as will be rapidly absorbed by the wound and by the skin, so as not to interfere to any material extent with the purely protective office of the application. You will bear in mind that the protective is not designed to have any persistent antiseptic virtue; and that, like the wound at the first dressing, it must be freely overlapped at every point by the antiseptic plaster.

These principles will be found to apply whatever be the materials used for carrying out the antiseptic system. An antiseptic to exclude putrefaction, with a protective to exclude the antiseptic, will by their joint action keep the wound free from abnormal stimulus.

Though we have not yet got a perfect protective, that which we are now generally using answers very fairly, and has this advantage—that the materials for it can be obtained from any druggist's shop. The basis of it is the common oiled silk. I am indebted to my late house-surgeon, Dr. Joseph Coats, now pathologist to the Glasgow Royal Infirmary, for calling my attention to the fact that carbolic acid does not pass nearly so readily through oiled silk as through gutta-percha. But if oiled silk is dipped into a carbolic lotion before applying it, the watery fluid runs from the surface as from a duck's back, and there is risk of septic particles being deposited upon the dry parts, even during the rapid transfer from the vessel containing the lotion to the wound. I had reason to suspect that, in some cases of hollow wounds, putrefaction was actually brought about from this cause; and hence I was induced to abandon the oiled silk for a while. But of late I have had it coated with a soluble film, which entirely removes this objection. The oiled silk is brushed over with a mixture of one part of dextrine, two parts of powdered starch, and sixteen parts of cold watery solution of carbolic acid (one to twenty). The carbolic-acid solution is used rather than water, not for its antiseptic property, but because it makes the dextrine apply itself more readily to the oiled silk, and the granular starch is used for a similar purpose. The carbolic acid may be afterwards allowed to fly off without disadvantage; so that there is no need for keeping the protective, like the antiseptic plaster, in a close vessel. Oiled silk thus prepared becomes uniformly moistened when dipped in a watery solution of the acid, so that all risk of communicating putrefactive mischief along with it is avoided; and if it be used in two layers, it opposes a pretty effectual barrier to carbolic acid, as is sufficiently illustrated by the progress of the present case.

On the day after the accident the cloths around the lac plaster applied to the ankle, and even the pasteboard splint and its padding, were found soaked with bloody discharge. On the second day, when the dressings were again changed, the cloths presented only a stain corresponding to a few drachms of tinged serum; so that I thought it safe to allow two days to pass before the next dressing. I believe it to be best in all cases to change everything on the day following the injury; because the effusion from the wound is then of a bloody character, and though the lac plaster certainly sheds the discharge admirably, yet it is possible that a layer of clot may be lying beneath it, which might interfere with its antiseptic operation. But after the first day, sanguineous effusion having ceased, the interval between the times of dressing should be regulated by the amount of discharge to be anticipated; for the more copious it is, the sooner does it exhaust the carbolic acid in the plaster. The lac may happily be always trusted to retain enough of the acid for twenty-four hours, however free the discharge may be. If the stain on the cloths indicates an effusion of only a few drachms, the plaster may be safely left for two days. If the serous oozing be not more than a few minims, the interval may be extended in proportion to the smallness of the amount, till finally, when, as sometimes happens, the plaster is maintained as a precautionary measure though no discharge is present, it may be left for a week without losing its antiseptic virtue. When the interval between the dressings is thus prolonged, the pains taken during the first few days are rewarded by great saving of trouble, as well as by the satisfactory progress of the patient; and when the case is one of fracture, the avoidance of frequent disturbance of the apparatus is of course a matter of most material consequence.

At the next dressing, four days after the accident, the ankle presented an appearance which would have been impossible without antiseptic management. The hollow wound, about three inches long, and gaping about an inch, was still occupied by the original coagulum on a level with the surrounding skin; while the discharge of the last two days had caused only a serous stain of a few minims on the cloths. But this state of things was not merely the result of *antiseptic* treatment. It implied that our *protective*, also, was answering its purpose well. Had the antiseptic been acting directly on the wound, the discharge would have been much more considerable, and we should probably have already had a hollow sore with commencing suppuration. Here I cannot help observing that it seems to me strange that some who have not scrupled to criticise me with great severity should have taken so little trouble to ascertain what I have written on this subject. From the remarks made by some persons, you would imagine that I regard putrefaction as the sole cause of suppuration; whereas my treatment of abscess depends essentially upon the fact that the pus in the unopened cavity, being the result of the inflammatory stimulus without atmospheric influence, is free from putrefaction, so that it is needless to apply the antiseptic to the interior, all that is requisite being to provide exit for the discharge while guarding against the entrance of putrefactive fermentation. Again, from the statements of others you would suppose me to have taught that, if you do but apply carbolic acid freely to a wound, you will prevent suppuration; whereas I have all along pointed out that carbolic acid, being a stimulating substance, will itself induce suppuration by long-continued action on the tissues.*

The facts observed in developing the antiseptic system have thrown great light upon the causes which determine the occurrence of suppuration, and the subject is of such great practical importance that it may be well to take this opportunity of giving definite expression to the conclusions to which I have been led. It fell to my lot several years ago to establish, as the result of an experimental inquiry, that the tissues of the living body are liable to a temporary impairment or suspension of vital energy as the result of extreme irritation; and that this condition, which appears to be the essence of *intense* inflammation, may be brought about in two totally distinct ways—viz., either by the direct

* See THE LANCET, March 10th, 1867, and Sept. 21st, 1867; also *Brit. Med. Jour.*, Nov. 14th, 1868.

operation of a noxious agent upon the tissues, or indirectly through the medium of the nervous system.* The same law appears to hold with regard to the causes of the exaggerated but feeble cell-development which results from the continued action on the tissues of some abnormal stimulus in a less intense form, giving rise, according to its degree, to the various phenomena of inflammatory hypertrophy, granulation, and suppuration; the pus-cells being the extreme of excess of quantity and impairment of quality in the product of abnormally excited nutrition. Thus the causes of suppuration divide themselves into two great groups: first, those that operate through the nervous system, or, in other words, the inflammatory class, of which the common abscess presents a typical example; and, secondly, noxious agents or stimuli acting directly on the tissues. The latter group are, practically speaking, stimulating salts, or chemical stimuli. These are best studied in the behaviour of a healing ulcer under different kinds of treatment. Small granulating sores sometimes heal by scabbing; and when the surface is thus protected by a crust of dried discharge from the influence of external agency, there is no further effusion either of pus or serum. This is of itself sufficient evidence that granulations have no inherent tendency to form pus (or, as is sometimes absurdly said, to *secrete* it), but only do so when stimulated. The same thing is equally clearly shown by the well-known fact that two granulating surfaces will coalesce when placed in contact with each other. This coalescence would be impossible if they continued to suppurate; and their juxtaposition could oppose no obstacle to pus-formation if they had any innate disposition to it. But their mutual contact excludes the operation of external agents upon them; being freed from stimulation, they cease to discharge, and are then at liberty to coalesce. New examples of the same truth present themselves under the antiseptic system of treatment. The wall of an abscess is similar in nature to the granulations of a sore, and is often regarded as essentially "pyogenic." But if the abscess is opened antiseptically, the pyogenic membrane, being relieved from the inflammatory stimulus which the tension of the pus before induced, and being at the same time protected from the access of the stimulus of putrefaction, is left free from all disturbance, and never forms another drop of pus. But the most striking illustration I ever saw of the properties of granulations, when not subjected to stimulation, was presented by a case of compound fracture, in which an extensive portion of the shaft of the tibia had lost its vitality, and lay exposed in a large granulating sore. The granulations grew up and enclosed the dead bone, which, being prevented from putrefaction by the treatment employed, was destitute of the usual acrid properties of an exfoliation, so that the granulations, being not stimulated by it, not only formed no pus from the surface in contact with it, but gradually consumed the dead mass by absorption.†

The truth is, that so far from granulations having any inherent tendency to form pus-corpuscles, the imperfect tissue of which they consist is ever disposed to develop into higher forms as soon as it is left free from preternatural excitement. This is beautifully illustrated by the familiar phenomena of the healing ulcer. The granulations are still granulations—that is to say, possess still the same pathological structure, when covered by the pellicle of newly-formed epidermis at the edge of the sore, as when they were exposed. But no sooner does the film of young epithelium protect the imperfect tissue from the influence of external stimulus than the rudimentary structure of the granulations immediately proceeds to develop into the more and more perfect fibrous tissue of the cicatrix.

It being, then, clearly understood that granulations form pus only when abnormally stimulated, we are in a position to estimate the effects of different agents upon them. The simplest case is when an antiseptic substance, like chloride of zinc or carbolic acid, is applied, suitably diluted, to a healthy granulating sore. Not the slightest redness of the surrounding skin, or any other indication of inflammatory disturbance, is produced; yet the granulations, so far as they are exposed to the influence of the stimulating liquid, are excited to superficial suppuration, but form no pus where they are protected from the stimulus by the pellicle of epidermis at the margin. Here, then, we have entire absence of the inflammatory stimulus; but the chemical stimulus of the pungent antiseptic salt urges the superficial cells of the granulations to develop pus-corpuscles.

If the sore is treated with water-dressing, the serum first exuded putrefies in the lint, and the products of putrefaction, being acrid salts, cannot fail to stimulate the surface of the granulations; and accordingly superficial suppuration is induced without any appearance of inflammation, just as under the influence of the antiseptic. Thus, in their effects upon a granulating sore, an antiseptic and a putrid dressing are alike: both excite superficial suppuration by direct chemical stimulation of the granulations. But in their operation on a recent wound there is this all-important diffence between them, that the antiseptic stimulates only the surface to which it is applied, and every drop of discharge which it induces dilutes it and renders it less stimulating; but putrefaction being a fermentation, the self-propagating ferment spreads throughout all the recesses of the wound, wherever extravasated blood, or serum, or portions of dead tissue afford nidus and pabulum for its development, and its products become more and more acrid the longer it continues in operation. Antiseptics, then, though they do produce suppuration when applied continuously to a recent wound, are superficial in their action and utterly trivial compared with the deep and virulent effects of putrefaction, which, indeed, often causes death by irritation and blood-poisoning before suppuration has had time to be established.

These conclusions may be exhibited in a diagrammatic form as follows:—

Causes of Suppuration.

Abnormal stimulation of the tissues,	A	Through excited nervous action.	*Inflammatory.*
	B	From the direct action of stimulating salts.	*a. Putrefactive.*
			b. Antiseptic.

This scheme, though not strictly exhaustive,* applies to almost all circumstances met with in surgery; and it will be found to conduce to clearness to speak of suppuration as inflammatory, putrefactive, or antiseptic, according to the circumstances in which it occurs.†]

If the use of the protective be so advantageous, you may naturally inquire why I did not employ it at the first dressing. The reason is twofold. In the first place, there must necessarily be a considerable discharge of blood and serum during the first twenty-four hours, and hence this is the period in which there is greatest risk of putrefaction spreading into the wound, so that it does not seem wise to interpose anything that can interfere in the slightest degree with the antiseptic action of the dressing. And, in the second place, there is no chance of a suppurating sore being established by the direct action of the antiseptic upon the wound for a single day only. This leads me to speak of a condition of suppuration to which I have not before had occasion to advert—viz., the element of *time*. When the tissues are in a healthy state, no stimulus can induce them to suppurate. It appears that it is only when the tissues have been gradually degraded, under the influence of protracted abnormal stimulation, into the most imperfect of all tissues, which, when we see it at the surface of a sore, we term granulations, that they are in a condition, if further stimulated, to give birth to the still lower progeny of pus-corpuscles. In other words, granulation must precede suppuration, and it is a process which occupies days for its completion.‡ Thus it is a familiar fact to all surgeons that a recent wound in healthy tissues does not suppurate for three or four days when subjected to ordinary treatment—that is to say, the stimulus of putrefying material must act for three or four days upon the tissues before it can induce them to suppurate; and when the first-formed pus is wiped from the wound, granulations may be seen upon the surface.

The same holds with regard to the inflammatory stimulus.

* On the Early Stages of Inflammation. Phil. Trans. 1858.
† See THE LANCET, March 23rd, 1867.

* The group *a* ought to include the products of other ferments besides those of putrefaction. For I am satisfied that inodorous ferments sometimes occur in the animal fluids, and produce salts which stimulate to suppuration. Also viruses inducing suppuration are very probably of the same essential nature (ferments), though some at least are odourless, as in the case of erysipelas. Again, the group *b*, to be complete, should include salts which, though not the products of putrefaction, cannot be said to be antiseptic, such as dilute chloride of sodium &c.

† Any special case, not falling under the scheme, may be called according to its special nature; thus we may speak of erysipelatous suppuration, variolous suppuration, &c.

‡ An exception to this statement must be made for the case of the epithelium of some mucous membranes, which, being originally of simple structure, may soon form pus-corpuscles under slight abnormal stimulation.

Inflammation does not produce suppuration in a day. Whether acute or chronic, it must first degrade the tissues to granulations before it can occasion the formation of pus. This is well illustrated by a common boil, which is a limited inflammation of the cutis vera, so severe at the centre as to destroy the vitality of a portion of the tissue, and gradually shading off to the state of health in the vicinity. Here, though all possible degrees of intensity of inflammation are present between the centre and the circumference, no pus is produced till some days have elapsed. Then the "core separates," as it is said, and the slough is found detached from the neighbouring living tissues, and surrounded by a few drops of odourless pus. But when the slough and the pus are removed, the cavity in which they lay is seen to be lined with granulations. The inflammatory stimulus, like the putrefactive, had induced granulation as a preliminary to suppuration.

In the same way, an antiseptic must act for days upon a wound before it can convert it into a granulating sore liable to suppuration; so that no harm is done by omitting the protective for the first twenty-four hours.

The other injuries in our patient have thus far proceeded as satisfactorily as that of the ankle. The four severe scalp wounds were dressed on the day after the accident, and each was covered with protective before the cap of lac plaster was reapplied. On the following day, the discharge to be seen on the cloth round the lac was so slight that I thought it safe to leave the head undisturbed for another day. The second dressing was witnessed by some of you just after last lecture. The discharge of the two days amounted to only a few minims of serum, and there was entire absence of redness, puffiness, or tenderness of the scalp. I removed the numerous sutures, each coming out as clean as when it was introduced; and all the wounds seemed already completely healed, except a small superficial raw surface here and there.

The compound fracture into the elbow-joint, when last dressed, presented only a trace of serous discharge, so that I shall not think it needful to disturb it till five days shall have passed since that occasion.

(To be concluded.)

ON THE

ACTION OF CHLORAL IN THE TREATMENT OF THE INSANE.

BY JOHN B. TUKE, M.D.,

MEDICAL SUPERINTENDENT OF THE FIFE AND KINROSS DISTRICT LUNATIC ASYLUM.

BEING desirous of ascertaining what influence the hydrate of chloral might have in the treatment of insanity, I instituted a limited series of experiments on certain patients recently admitted, and also on some old-standing chronic cases.

I selected, first, a case of chronic alcoholism characterised by acute mania; second and third, two cases of asthenic insanity, both symptomatised by melancholy; and, fourth, a case of climacteric insanity, characterised by melancholy. There was no other recent case in the asylum but the one mentioned in which maniacal excitement existed, otherwise chloral would have been employed.

In order to be able to test most fully the action of the medicine, these four patients were placed under special observation for three days previous to its administration; accurate notes were taken of the temperature, pulse, respiration, and general condition, twice a day, and also the state of the urine, as to quantity and quality. For the next four days, half-drachm doses of chloral hydrate were administered at 10 A.M. and at 9 P.M., and observations taken at 11 A.M., 2.30 P.M., and 10 P.M., so as to enable me to judge of its immediate effects and the state of the patients during the interval. On the next three days none of the medicine was given, observations being still continued. Then, for four days more, half-drachm (in one case two-scruple) doses were given as before, morning and evening. Subsequently half-drachm doses were administered at night, for a few nights, and then entirely discontinued. A short detail of each case will serve best to show the results.

CASE 1. *Insanity of Alcoholism.*—Agnes G——, aged forty-eight. During the term of preliminary observation this patient was more or less excited, sometimes very much so. The tongue was foul; appetite good; bowels open; never menstruated since her admission. The morning temperature ranged between 99·3° F. and 101·8° F.; the evening, between 98·4° F. and 99° F. Morning pulse 84, of fair quality; evening, between 80 and 90, of fair quality. Respiration 24 per minute. Urine highly charged with urates, acid, and with a specific gravity of 1030.

The administration of chloral in half-drachm doses had no effect in moderating the intensity of the mental symptoms. It produced considerable diaphoresis, and slight drowsiness for an hour or two, which soon passed off. The most marked effect was a sudden fall in temperature within an hour after exhibition. Thus, on the first day, one hour after the medicine had been taken, the temperature fell to 98° F., 99·3° F. being the average temperature at the same time on the three previous days. By 2.30 P.M. it had risen to 99·6° F., and at 9 P.M., an hour after the second dose, it had again fallen to 97·7° F.; and on the second day the temperatures were at the several hours 98·4°, 99·8°, and 97·8° F.

Three days were allowed to pass by without the medicine. During this period she was, on the whole, quieter, although at times noisy. On the medicine being resumed, two-scruple doses were given, with the same effect on the temperature, and, after seven doses, produced deep and continued sleep. The general character of the excitement was toned down, and after the drug had been persevered with in full doses at night-time for a further period of six days, the patient was very much improved.

As this is her second attack, a cure is hardly to be looked for; but the change for the better is well marked, and, as she had been very maniacal for weeks before its administration, it may be fairly assumed that it mainly influenced the improvement. She is now quiet, works pretty well, her appearance and expression are much improved, she is conscious of her previous excitement, and she sleeps well in the general dormitory.

CASE 2. *Climacteric Insanity.*—Isabella B——, aged fifty-two. Second attack. Says her soul is lost; looks suspiciously around her; is easily startled; moves her head in a quick, jerky manner; sleepless at night. Bowels open; appetite good; tongue clean; urine pale and clear, slightly acid, specific gravity 1014. Morning temperature 97·3° F. to 98·3° F., generally lower than the evening temperature, which ranged between 98° and 98·4° F. Morning pulse 80, of good quality; evening pulse varying from 76 to 100, and of average strength and fulness. Morning respiration 18 to 20 per minute; evening respiration rather quicker.

Half-drachm doses of chloral were administered twice a day. Its effect on this patient was to produce a condition of semi-intoxication, followed by deep and refreshing sleep. She complained occasionally, on waking, of slight headache. The restlessness and startled look were much abated, and her appetite was not interfered with. Shortly after the dose was taken a moderate, warm perspiration broke out on her skin. The evening temperature was generally higher than in the morning, and the pulse improved in character. On the discontinuance of the medicine the restlessness returned to some extent, as also did the sleeplessness at night. On its resumption these symptoms disappeared, and now there is well-marked improvement in the case, although the chloral was not pressed more than four days on the second occasion.

CASE 3. *Idiopathic Asthenic Insanity.*—Helen C——, aged twenty-five, admitted in very bad bodily condition; feet œdematous; extremely melancholy; constantly crying and bemoaning her condition, and occasionally refusing food; bowels costive; tongue foul; temperature low, ranging in the morning from 97·1° to 97·4° F., and in the evening from 97·1° to 97·7°; pulse small and very varied in frequency, at one time being as high as 120, and next day falling to 64; urine pale and clear, 1010, neutral. Chloral was given in half-drachm doses. The effects were well marked after each dose. A sweat broke out, mild intoxication ensued, and then deep sleep. The temperature fell most markedly after each administration; on one evening, at 10 P.M., one

hour after the dose, it fell to 95·8°, it having been 96·9° at 2 P.M. On all occasions there was a very well-marked fall. The pulse improved in character. The state of the urine was as follows: pale, slightly acid, specific gravity 1015. Her mental symptoms were much abated. She began to work; and, although still miserable, began to see some hope for herself. On discontinuing the chloral, restlessness and irritability returned, which were again allayed on its resumption. On the second occasion the medicine was administered for four days, and with good results. The patient is well on the road to convalescence, is employed as a housemaid, sleeps well, and is picking up rapidly in bodily condition.

CASE 4.—Mrs. S——, aged thirty-four. This patient had been insane for eight months previous to admission. She was noisy, night and day; crying, restless, and dementedly melancholy: a most distressing case, as she irritated the other patients, and kept the whole gallery in confusion. Judging from her appearance, her case was almost hopeless. The expression of the face was vacant and silly when at rest; hair wiry and dry; and language utterly incoherent. Bodily condition good. Temperature in the morning generally lower than in the evening, rising *pari passu* with her excited mental condition, being sometimes as high as 101·4° Fahr., at others as low as 97°. Pulse 100, of fair quality. Respiration from 20 to 24. Urine high-coloured and clear; acid; specific gravity 1012.

The effects of chloral on this patient were very striking. After the sweat she fell into a state of maudlin intoxication and good nature; face flushed, slightly sick, eyes suffused, and gait unsteady. In about an hour she fell into a deep sleep, which continued for some hours. This was the invariable effect of each dose. The temperature generally stood high at night. The pulse ranged from 90 to 100, small; respiration 16 to 20; urine natural in colour, acid, and specific gravity 1026. On leaving off the medicine the old symptoms returned, although with not so great intensity. When resumed, it produced the same effects as at first; and on its second discontinuance the condition of the patient was much improved.

I have used chloral very frequently of late in chronic cases of insanity in which violent outbursts of excitement occur, and invariably with good results.

The insomnia of climacteric melancholy is much relieved by a half-drachm to a two-scruple dose at bed-time.

The advantages of chloral over all other hypnotics with which I am acquainted are—

1. That it is more uniformly certain in its action.
2. That it has no depressing influence.
3. That it does not cause constipation.
4. That it does not produce nausea.
5. That its effects are more lasting.

I believe it to be the most valuable means of procuring sleep which has yet been introduced into the Pharmacopœia of the asylum physician. The only difficulty is to ascertain the exact dose for each case; but this is obviated by beginning with half-drachm doses, and increasing them by ten grains till the limit is found.

My thanks are due to my assistant, Dr. W. F. Morrison, for the careful manner in which he took most of the thermometric observations, and recorded the general history of the cases.

Cupar, Feb. 1870.

ON THE

INDUCTION OF PREMATURE LABOUR: WITH CASES.

BY D. S. SKINNER, L.R.C.P. LOND., M.R.C.S.E., &c.

IN scarcely any department of obstetrics does there appear to have been more improvement during the last few years than in the mode of inducing premature labour, the old plan of puncturing the membranes, which had been so generally accepted as the operation to be performed, having given place to more scientific and physiological means.

Having occasion to induce labour at the seventh month during the summer of 1864, I determined upon applying the water douche recommended by Dr. Tyler Smith in his Manual of Obstetrics, and have since had good reason to be well satisfied with the result, although in one instance it apparently quite failed in producing the desired effect.

It will be seen subsequently that my opportunities of testing its efficacy have been restricted to two women, the operation having been performed four times for one, and twice for the other.

Mrs. R——, wife of a labouring man, had been four times delivered at full term, her life on each occasion being placed in considerable danger, and the child still-born, from protracted labour. Before she came under my care it had been determined, at the fifth pregnancy, that she must be delivered at the seventh month, the difficulty in her case being a generally contracted pelvis. Accordingly, when the time arrived, I threw up a quantity of warm water in the evening, having passed the long tube of an ordinary stomach-pump about an inch and a half within the os uteri. Finding, in a few minutes, that the water did not cause any constitutional excitement, I passed the tube gradually a little higher, with a view to partially detaching the membranes from the uterus by the water. I continued to throw up the water for nearly ten minutes. In the morning I found the os slightly dilating, the head presenting high up. Pains came on then pretty rapidly, and when the os became fully dilated, as the head did not descend, I ruptured the membranes, a living male child being born very shortly, about eighteen hours after the application of the douche.

CASE 2.—The same person. On this occasion I adopted the same plan, but a second application of the douche was necessary about eight hours after the first, the result being a perfectly natural labour, and a living female child.

CASE 3, in the same person, was precisely similar to the preceding; two applications of the douche; a living male child being born about twenty hours after the application.

CASE 4.—Mrs. S—, wife of a farmer, in good circumstances. Had been delivered twice of still-born children, at the full term, once by forceps, and once by craniotomy. She was then delivered four times at the seventh month, labour having been induced, according to her own statement, by puncturing the membranes, the result being that three children were still-born, and one lived only a few hours. Finding herself again expecting, she applied to me, and I adopted the plan I had previously found to answer so well. Having passed the tube a short distance within the os, I commenced to throw up the warm water very gently, but she soon began to complain of a peculiar sensation in the head. After resting a few minutes, it passed off, and the water was applied for about ten minutes. She did not appear to suffer any inconvenience at first, but in a short time great febrile excitement supervened; the skin became very hot and burning, great pain in the head, tongue dry, and pulse 130, full and bounding; the general distress being very great. By applying cooling lotion to the head, and keeping her quiet, she seemed to be a little relieved, and in six hours it had passed away entirely; leaving her, however, with a dread of a second application of the douche. There being but slight indications of the os dilating twenty-four hours after, I again applied it, followed by the same amount of febrile excitement and distress; but it passed away in the same manner, excepting that she felt weak and languid. She passed a pretty good night, and twenty-four hours after the second application the os was becoming well dilated. The head presented, and she went very favourably through a natural labour, with the birth of a living female child. She made a very good recovery, but had a troublesome attack of herpes round the mouth, coming on two days after her confinement.

CASE 5.—The same person, nineteen months afterwards. As she had a great dread of the douche, owing to the suffering during the febrile attacks, I this time commenced by throwing the water against the os without passing the tube within, intending to repeat it every four hours. Unfortunately, she had removed to some distance in the country, and I was unable to follow up the applications as I wished, having to leave repeatedly to attend to other cases, and consequently the operation was prolonged to several days. Commenced late on Feb. 8th; tube not passed within the os; no effect on the system.

Feb. 9th.—Repeated the douche three times; no effect; the last time passed the tube a short way within the os.

10th.—Used the douche three times, passing the tube well within; no constitutional disturbance whatever.

11th.—Three times; os dilating slightly; head presenting.

12th.—Three times; os much in the same condition. The douche has no effect on the system or the pulse.

13th.—Labour coming on slowly; no douche. Gave two doses of liquor secalis with good effect, but the pains ceased entirely during the night.

14th.—Pains very lingering; os well dilated, but the head unable to pass the brim. She became weak and prostrated, begging for chloroform, which I administered. While under its influence I applied the long forceps, and succeeded, by using considerable force, in bringing the head down, the child, a female, being born alive.

She recovered without any unfavourable symptoms whatever.

CASE 6.—Mrs. R——. March 1st: Applied the douche, passing the tube about two inches and half within the os. No constitutional disturbance followed; and she began to feel occasional sickness and pains about six hours afterwards.

March 2nd.—Os dilated to the size of a dollar; membranes protruding, but could feel no presentation. In the afternoon the os was fully dilated, and a foot and funis presented. Ruptured the membranes, and proceeded to deliver, having no difficulty till the passing of the shoulders, which were jammed, through the arms being carried up beside the head. Having freed these, the shoulders were able to pass, the head then entering the brim in transverse position. By rotating the shoulders, the head slipped into the sacral cavity, and was soon born. The child gave no sign of life, and there was no pulsation in the funis. By employing the usual means of resuscitation, spasmodic efforts at respiration began; and in a quarter of an hour the breathing was perfectly established.

This child died at the age of six weeks of measles; the others are all living.

In reviewing these cases, I think the result, so far as Mrs. R—— is concerned, speaks very highly in favour of the douche: on two occasions one application being sufficient, the effect taking place within a comparatively short time; the other times the douche being used only twice. The inconvenience to the patient was very trifling: each time she was able to continue her household duties till labour came on as it would naturally; not on either occasion did it produce the slightest ill effects.

With Mrs. S——, however, its action each time was very different, the second (Case 5) being a great failure. I think it probable that in her case the use of Barnes's bags would act better, though it appears to me that one douche would be a good preliminary measure, as the os, as far as my experience goes, becomes thickened by the action of the water, and consequently in a better condition to profit by the introduction of the bag. I have seen it objected to the bag that it interferes with the presentation, but I do not think it would really do so, as the head did not descend, in the above cases, to enter the brim till the os was becoming pretty well dilated. I have thought that in Case 5 the uterus might have been stimulated to earlier and stronger action by the application of the ether spray over the lumbar region. I am not aware if it has been tried, and I should be very glad to have an opinion upon it; also, if it might not be used in cases of placenta prævia. Medical men in a country district have not always a galvanic battery at hand to use in such cases, and if the ether spray were found to be of benefit, I think it would be a great boon to them.

Lyme Regis, Dorset, March, 1870.

CHLOROFORM IN CRIMINAL CASES.—A man at New York had killed his wife, a neighbour, and the son of the latter. On being arrested he feigned insanity, and as much doubt hung over the case, it was determined to induce sleep by chloroform inhalations. The prisoner resisted much, but was at last overcome. He was carefully watched, and was asked several questions on awaking. These he answered evidently with much truth, and did not seem of unsound mind. His memory returned, however, suddenly; he saw his awful position and made a full confession. (*Wiener Med. Woch.*, No. 10, 1870.)

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

FRACTURES OF THE FEMUR.

(Under the care of Mr. T. W. NUNN.)

THE difficulty encountered in satisfactorily deciding as to what is the precise nature of an injury to the upper segment of the femur is often very slight, but occasionally the reverse. Where the age is between sixty and seventy years, or upwards, and the history of the accident is that the patient, a woman, let us say, has been knocked over by a rough lad in the street, or has stumbled, or has entangled her petticoats in some projecting object, and has fallen to the ground, losing the power to rise, and presenting eversion of the foot, with shortening of the limb, the surgeon does not hesitate to conclude that he will find confirmatory symptoms of fracture of the neck of the femur, nor to give a prognosis in accordance with the well-known usual consequences of that distressing accident. On the other hand, where there is deformity about the region of the trochanter, great tenderness, some shortening, perhaps a good deal of constitutional disturbance, a clear, definite diagnosis cannot be pronounced off-hand.

We lately saw the case of a pensioner, long since discharged from the cavalry. This man whilst in the Crimea, and serving in a dragoon regiment, had his horse fall upon him. He remained lame, and consequently was unfit to continue in the army. About three months since he had a fall whilst walking, and was admitted under Mr. Nunn's care. The region of the trochanters on the left side was so tender that the patient could not bear handling without flinching. There was some slight real shortening, and, besides, more apparent shortening from the position of the pelvis. There was no crepitus. It was therefore not easy to say what was due to recent injury, and what share the older accident had in the then existing state of matters. The patient, we have now to add, rapidly recovered his previous condition by simple and soothing remedies, no splint being employed.

At the present date there is a male patient in the Clayton ward, also a pensioner (from the Guards). He is seventy-two years of age. There is obviously mischief, from a fall, about the upper portion of the right femur; but he is the subject of a most extreme form of gouty deposit in the sheaths of tendons, and in the bursæ, so that a source of obscurity again comes in the way. There is considerable swelling over the front and outer side of the thigh-joint, below the anterior superior spinous process of the ilium. As is commonly the case in fractures in old people with specially damaged constitutions, grave indications of failing power, in the shape of a dry, brown tongue, and proneness to bed-sores, are showing themselves, and a favourable result is hardly to be anticipated.

Mr. Nunn pointed out to us these cases as interesting subjects of speculation. He, however, dwelt longer over the beds of patients with simple fracture of the femur. One was the case of a policeman who had been run over by a waggon, and had fracture at the middle of the shaft by direct violence; another, that of a painter, who had fallen from an inconsiderable height, and had simple fracture, also of the middle third, by indirect violence. In both of these cases the ordinary long splint was used. Mr. Nunn said that it was impossible to be too watchful in the treatment of cases of fracture of the lower extremity, especially of the shaft of the femur; for it was alleged by some surgical

writers that shortening always was to be detected after the patient was supposed to be cured. When it is remembered that, with a fracture of the thigh, the patient must look forward to eight weeks, more or less, in bed, the very duration of the treatment is a reason for care, as without carefulness the attention of the surgeon is, during the lapse of such a period, sure to be attracted to fresher and more obtrusive cases. It is during the third and two following weeks of splint-wearing that Mr. Nunn insists on the most vigilant watch being kept over the extension, and upon the tape measure being constantly employed.

LONDON HOSPITAL.

OVARIOTOMY.

(Remarks by Mr. HUTCHINSON.)

ON Saturday, Feb. 26th, ovariotomy was performed by Mr. Hutchinson in the operating theatre of this hospital. The woman was a stout, healthy-looking subject, twenty-five years of age. The ovarian disease consisted in a large single cyst, which had been tapped on two occasions, and after each operation had rapidly refilled. The cyst was removed by the ordinary proceedings for ovariotomy, and without any difficulty, the chief points of interest connected with the operation being the existence of a thick subperitoneal layer of fat, which, at first sight, led to the supposition that the ovarian tumour was covered in front by omentum. The preliminary incision also was carried through a thick layer of subcutaneous adipose tissue. There were a few adhesions between the tumour and the parietal peritoneum, but these could be readily torn through. The cyst contained a thick and dark-coloured fluid, had a long pedicle, and was studded over its inner surface by a great number of solid endogenous growths, most of which were small and scattered; whilst at some few points large compound masses projected for some distance into the interior of the cyst. The largest of these masses formed a distinct ridge on the outer surface of the ovarian tumour, and could be felt before the operation, on examination of the abdomen.

In the course of some remarks on this case, Mr. Hutchinson stated that the operation had been performed, not because there was any immediate danger to life, or the patient complained of any great distress from the tumour, but because, as the disease could not be cured by any other means, it was advisable to take advantage of her age and good condition, and to act before adhesions were formed through inflammation and the general health was impaired. The disease had been previously treated by tapping, but with only temporary relief. With a proliferous cyst the disease progressed rapidly, had a tendency to excite inflammation, and soon returned after tapping. The course of a cyst with a smooth inner surface was slower and less active. The pedicle had been secured by the clamp, precautions having been taken to leave a large free mass, formed both from the pedicle and the base of the cyst, without the grip of the instrument. There was a great tendency for the soft and smoothly-covered tissue of the pedicle to slip away from the blades, and, when a small stump had been left, to become quite free. In this case, Mr. Hutchinson, in speaking of the prognosis, said all the conditions were most favourable to a successful result of the operation. The woman was young, and her general health not impaired by the ovarian disease; her nutritive powers, as was indicated by the abundant adipose tissue, were good, and the removal of the cyst was accomplished speedily, and without any difficulty. Two cases, however, were alluded to, in order to show that a fatal result, and the occurrence of traumatic peritonitis, which was the chief risk in ovariotomy, did not invariably depend upon the character and extent of the operation. In the first case, a large ovarian cyst was tapped and removed through an incision in the abdominal walls not more than one inch and a half in length. There was no necessity for introducing the finger into the abdominal cavity, and neither the intestines nor the omentum were felt, or even seen, during the operation. Still, in spite of these favourable circumstances, and of the youth and general good health of the patient, the operation was followed by rapid and fatal peritonitis. In the second case, ovariotomy was performed as a last resource, for the purpose of saving the life of a woman who was much emaciated in consequence of the ovarian disease, and exhausted by severe vomiting. Contrary to general expectation, the patient did well after the operation, and made a rapid and perfect recovery.

The operation in the present case was followed very rapidly by severe peritonitis, from which the patient died on the fifth day.

Clinical Records OF THE PARIS HOSPITALS.

HÔPITAL LA CHARITÉ.

THERAPEUTICAL USE OF ARSENIC IN PHTHISIS.

(Under the care of Dr. NONAT.)

ON a recent visit to the Charité, Dr. Nonat kindly communicated to us his experience of the therapeutical effects of arsenic in phthisis. The very favourable results which Dr. Moutard-Martin, of Beaujon Hospital, had derived from arsenic in the treatment of tuberculosis had led M. Nonat to try the substance in a large number of cases. He has administered the remedy under the form of arsenious acid, and in doses of one milligramme,* in pills, to begin with. This dose was gradually increased every eight days by one milligramme, till he would reach the dose of four milligrammes a day. In these conditions the medicament has afforded him good results, in cases where tuberculosis had attained only the first or second stage, and presented no intestinal complication; for when vomiting and diarrhœa have set in, arsenic must be at once discarded. When phthisis is incipient, and when it is well circumscribed, M. Nonat has seen arsenic increase the appetite and strength of the patients. They gain flesh, look much better, and feel stronger and more cheerful. In such cases the medicament does not increase the pulmonary congestion, and, indeed, is attended by no inconvenience. The only counter-indication lies in the alimentary canal. In many subjects, however, placed in the above conditions, arsenic, if it did no harm, failed to produce any benefit.

M. Nonat's rule for the employment of arsenic is, therefore, to administer it only in cases of well-circumscribed phthisis. When tuberculisation is generalised, or far advanced, arsenic, far from producing any good, increases the irritation of the bowels, and brings on gastro-intestinal disorder: the local action of the substance becomes noxious.

Summing up the practical results of his experience of arsenic, M. Nonat says that good effects, in hospital, have been the exception in patients in whom the disease has attained an advanced stage; but in civil or town practice, where the physician is consulted at an earlier period, the results have been good in a larger number of cases. In a word, M. Nonat believes that arsenic is a remedy which must not be neglected in the incipient stage of phthisis, or when the disease is well circumscribed; but he adds that its virtue has been too highly extolled.

HÔPITAL ST. LOUIS.

CASE OF ASPHYXIA BY STRANGULATION; CONSIDERABLE FALL OF TEMPERATURE, FOLLOWED BY RAPID RISE OF HEAT WITH THE RETURN OF SENSIBILITY AND INTELLIGENCE; CURE.

(Under the care of Prof. HARDY.)

N——, a gilder, aged sixty-two, left his wife, with whom he had breakfasted cheerfully at twelve o'clock, and returned to his workshop, where he was found at a quarter past one hanging by a rope, and presenting no signs of life. The rope which had served for the operation was of about two centimetres in diameter. Shortly afterwards a medical man, who was called in, bled the patient, and sent him to the above hospital, where he was visited by M. Bourneville, the house-surgeon, immediately on arriving, which was one

* A milligramme is equal to about 1-70th of a grain.

hour after the event. The pulse was then perceptible, and presented 84 beatings; the respiration was irregular, diaphragmatic; and the rectal temperature was only 34·1° centigrade (equal to 93·3° Fahr). Insensibility was complete; loss of consciousness absolute; the face cyanosed; the outer tegument uniformly cold; the pupils were normal, of equal size, and could contract. Mustard plasters to the legs, thighs, and nape of the neck were ordered, together with frictions with camphorated alcohol and inhalations of ammonia, which produced no sneezing. Electricity was then applied to the chest; respiration became somewhat more regular, but the general condition remained the same.

Two hours after the accident the pulse was 72 to 76; rectal temperature 34·1° (centigrade). Dry cupping to the chest and lower limbs; friction, &c.

Three hours after the accident the pulse was 72; rectal temperature 36·8°; respiration more regular; heat returning; a few convulsive movements were observed in the upper extremities; the patient moved in his bed. Ordered a julep with acetate of ammonia, and eight grammes of purgative enema.

Five hours after the receipt of the injury, the pulse was 80; respiration 18, snoring; rectal temperature 38·4°; and the skin warm.

Six hours after the accident, the pulse was the same, the respiration being 20, and rectal heat 40·3°; face reddened; heat of skin was increasing; and the patient slept. Mustard poultices were applied to the legs and thighs.

Eight hours after the event, the pulse was 92, respiration 24, and rectal temperature 39·6°; the patient restless.

Ten hours found the pulse 96, respiration 24, and rectal heat 39·1°.

On Sept. 28th, at 9 A.M., or twenty hours after the occurrence of the accident, the pulse was 88, respiration 20, and rectal temperature 39·3°. The patient had slept quietly since nine o'clock on the previous evening. He was now awake, and complained of a feeling of heaviness; memory confused; respiration normal, and beatings of the heart regular. In the evening (twenty-eight hours after the event) the pulse was 76, respiration 20, and rectal temperature 39°. The patient had had three abundant motions; he had spoken little, did not know why he had hanged himself, and had no recollection of what happened to him.

From this time the amendment progressed rapidly. There was observed, however, congestion of the right lung, followed by a limited pleuritic effusion, which caused the patient to remain in the hospital till Oct. 7th.

The striking feature of this case is the considerable fall of temperature to the extent of three degrees below, and then its rapid rise to three degrees above, the normal point, as soon as the functions had become more regular and consciousness had returned.

The notes of this case have been kindly furnished us by M. Bourneville, house-surgeon to the Paris hospitals.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MONDAY, MARCH 14TH.

SPECIAL MEETING.

The PRESIDENT (Dr. BURROWS) said this meeting had been summoned for the further consideration of the amalgamation scheme agreed to last year. In order to bring this matter more rapidly to a conclusion, the scheme had been printed, with the alterations made in committee in italics, and it would be best to limit their consideration to these portions.

Dr. PITMAN moved the adoption of Section 4, which provided for the election of two representatives by each section to sit in the General Council.

Mr. HOLMES seconded, and pointed out that the alteration here was from nomination to election.

Dr. PITMAN moved, and Mr. GASCOYEN seconded, the adoption of Section 8, which was the corollary of the former, giving the election of representatives to the body of each section.

Dr. PITMAN moved, and Mr. GASCOYEN seconded, the adoption of Section 9, which gives certain functions to the Royal Society as a body to meet at least four times a year for the discussion of important questions not so well adapted for sections, the election of Fellows, and the appointing of committees for special investigations, as has been done by the Royal Medical and Chirurgical Society.

Mr. SOLLY asked if the questions to be discussed were to be merely scientific, or if they were to include polity also.

Dr. PITMAN thought the Society itself would regulate that.

Mr. HOLMES said the subjects might be fixed at a previous meeting of Council, and moved that this clause be introduced.

This was seconded by Mr. SOLLY, and carried *nem. con.*

Mr. GASCOYEN moved, and Mr. HOLMES seconded, the adoption of Section 14, which was intended to meet a difficulty with regard to India by substituting the words "British dominions" for "colonies" with reference to those eligible for election into the new Society.

Dr. PITMAN moved, and Mr. SOLLY seconded, the adoption of Section 15, "That any Fellow who is a member of more than one section may retire from one or more of them without resigning the Fellowship of the Society."

Mr. HOLMES pointed out that this might be so construed as to allow a Fellow to resign all sections, and yet remain a Fellow.

Dr. PITMAN said it was intended to give a Fellow the right of selecting the section to which he should belong, but thought if Section 18 came before 15, all would be explained. He moved accordingly "That 18, 'that all Fellows of the Society shall pay to its funds an annual contribution of three guineas, which shall make them members of any one section, with the privilege of using the library of the Society,' become 15."

Mr. WOOD seconded.

Mr. SOLLY asked what provision had been made for those who had compounded.

Mr. HOLMES said their rights must be preserved, and provision made accordingly.

Mr. MOORE thought there would be difficulty with regard to other Societies in money matters. He thought two guineas quite enough for a Fellow's subscription. As matters now stood, this Society was saving annually about the amount of the additional guinea. He proposed that two guineas be inserted instead of three.

Mr. BRODHURST seconded, and said there had been much talk about this in Council, and that some even proposed one.

Dr. WEBSTER said that with two guineas they would not be able to keep up the library and appoint scientific committees.

Mr. SOLLY felt strongly on this matter. The admission fee was done away with. They would have the run of the library, which even now was a saving to young men.

Mr. HOLMES said he was sorry that Dr. Greenhow was not present, as his figures had compelled the Committee to adopt the rates proposed. They had been most anxious to lower the fee, but had not been able to do more than abolish the entrance fee. Additional Fellows would imply more books in the library, and it was therefore too dangerous to start with conditions at all likely to end in bankruptcy.

Dr. PITMAN said all had been exceedingly anxious to diminish the fee, but if they began with too small a sum, they would have to increase it, and an outcry would be raised; whereas they could easily lower it if necessary.

The amendment was lost.

Returning to Section 15, Mr. HOLMES moved, and Mr. SAVORY seconded, the motion that the words "all except one" be inserted instead of "one or more of them." This was adopted.

Dr. POWELL thought that provision might be made whereby one attending a certain number of sections or paying a certain fee might be entitled to attend all.

Mr. HOLMES said some curious statistics had been brought out in this inquiry as to the numbers belonging to more than one Society. Only one gentleman belonged to all, 15 belonged to four, 109 to three.

Mr. SOLLY thought that Fellows of the R.M.C. ought to have some privileges for what they were giving up.

Dr. POWELL moved in accordance with his observations. His motion was carried, as was also Section 20.

Section 21, which provides that the Obstetrical section shall retain as its private property the existing library and museum of the Obstetrical Society, was moved by Mr. HOLMES and seconded by Mr. BRODHURST.

Dr. WEBSTER thought it objectionable as tending to propagate existing distinctions between societies which it was desirable to merge into one.

Dr. HEYWOOD SMITH thought any section might have a private library.

Mr. MICHELL moved, and Dr. WEBSTER seconded, that this section be omitted.

Mr. HOLMES thought it quite possible the library and museum might remain were they now were. They did not wish to withdraw any existing privileges from the societies. The position of this Society was peculiar. It had already given up the right of entering on its own premises, while occupied by other bodies, for a money consideration; it was only proposed now to alter the kind of consideration.

Mr. MOORE regretted this clause; it would be sure to keep up the distinctions between societies.

Mr. GASCOYEN said the library and museum would form part of the general property, only they would be kept apart from the rest.

The original motion was carried.

A motion to the effect that all existing rights and privileges should be preserved was also carried.

Section 26 was next moved. Its effect was to give each section an undisputed right to dispose of three-quarters of its income, the remainder to be at the disposal of the main body.

Mr. HOLMES said the original motion was that they should have one-half, but this was thought rather too little, especially for the Transactions of the Pathological Society. He remarked that the proceeds of the sale of Transactions was included in the total income.

Dr. CHOLMELEY seconded the motion, which was carried.

Sections 29 and 30, the one providing for the election of honorary Fellows and Members, and the other for the expulsion of objectionable Fellows or Members, were also carried *nem. con.*

Whereupon Mr. HOLMES moved, as a rider to the foregoing,—"That this Society, while not objecting to modifications of detail, will not consent to any fundamental alteration in the scheme now agreed upon." This, he said, would show that they were still open to negotiation, but that they would not consent to have their scheme radically altered.

Mr. THOMAS SMITH seconded the motion, which was carried *nem. con.*

The PRESIDENT said that an ordinary meeting would have to be made special to confirm these resolutions.

Mr. MOORE proposed, and Mr. G. POLLOCK seconded, a vote of thanks to their delegates for the trouble they had taken in this matter. This was carried by acclamation, as was also a vote of thanks to the President, proposed by Dr. WEBSTER.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 25TH.

MR. PRESCOTT HEWETT, VICE-PRESIDENT, IN THE CHAIR.

MR. C. H. MOORE read notes of a case of Expansion of the Antrum of Highmore. The patient was a gentleman, above whose right bicuspid and first molar teeth a rounded bony tumour projected into the mouth. At two parts circular holes in the bone could be felt through the mucous membrane. The mucous membrane covering the posterior aperture gave way, and an exceedingly fetid, pultaceous, brown substance escaped slowly into the mouth. Mr. Moore made a more free opening into an anterior part of the tumour, and, squeezing out much of its offensive contents, examined the cavity with a probe. He found the space to correspond with the normal relations of the antrum, except towards the malar portion, where in a third place the bone was defective, and the probe could be felt against the cheek. No dead bone could be detected, and throughout the progress of the case no trace of the fetid substance was ever recognised by the patient in his nostril. The teeth next to the tumour were sound, but outside the first molar the gum had receded, and a fine probe introduced with light pressure at that spot passed up the socket for an inch and three quarters above the crown of the tooth, where it struck against the floor of the orbit, there being expansion of the anterior part of the antrum, and circular apertures in its wall, resulting from distension, not from ulceration; the orbit and palate were free from deformity, and the nostril also was natural, having no communication with the fetid stuff in the bony antrum; there was, moreover, no burrowing suppuration, and no necrosis. Mr. Moore concluded that the cause of the expansion lay in the communication of the bony antrum with the mouth, and that the peculiar substance was food driven up by mastication through the socket of the healthy molar tooth. This substance had slowly stripped off the lining membrane of the antrum, and thrust it inwards, thus obliterating the antrum as a mucous cavity. A vulcanite tube being worn in the opening which had been made with the knife, and frequent cleansing of the cavity practised, the bony expanded shell of the tumour receded, and in a few months the natural form of the features was restored.

Dr. G. M. HUMPHRY, of Cambridge, in commencing the discussion, took exception to Mr. Moore's views as to the cause of the disease. He had seen cases in which the cavity of the antrum had become enlarged, and in which the bony walls and mucous membrane had yielded, such cases being usually very protracted, but ultimately doing well. In differing from the suggestions offered by Mr. Moore, he would prefer to ascribe the cause in the case in question to necrosis, or some dilatation of the antrum caused by disease. According to his own experience, the fluid secreted and collected in the antrum does not escape through the aperture communicating with the nostril.

Mr. CHRISTOPHER HEATH agreed entirely with the pathological aspect of the case as suggested by the last speaker. He remarked that the formation of cysts in the antrum was by no means rare, from irritation set up by faulty teeth and other causes; that it is difficult to know when the finger is actually in the cavity of the antrum; that food forced up through a hollow tooth was a most unlikely hypothesis; but that, if this diagnosis was established, earlier interference should have been resorted to.

The CHAIRMAN remarked that a paper by Girardin contained most interesting notes of tumours in the antrum; that cysts in its cavity were common; and that, in speaking of the cavity of the antrum, it must be understood to be within the mucous membrane. He remembered a case somewhat similar to that under discussion, in which he had made a large opening under the cheek and mucous membrane, and eventually extracted a mass of lint that had been inadvertently left there by the surgeon who had opened the same cavity some years before.

Mr. MOORE, in replying, confessed that the subject was obscure, but disagreed with the remarks made, because the matter exuded was specially peculiar, both as to odour and consistence, and because, according to his own knowledge and belief, in cases of necrosis the matter burrows into the antrum as well as the mucous membrane of the mouth.

Dr. BRISTOWE read a case of Ataxic Aphemia, in which the patient, who had been dumb for nine months following an attack of insensibility, with convulsions and resulting paralysis of all four limbs, as well as of hearing, was taught to utter articulate sounds, and thus re-acquired the use of speech in the course of about a month. He had before this recovered the use of his right limbs and left arm, and later the power of the left leg was regained under treatment by galvanism.

Mr. KESTEVEN thought the case related by Dr. Bristowe specially interesting, and mentioned a similar case that had occurred in his own practice, after typhus, which also ended favourably.

Dr. LANGDON DOWN thought that, in the treatment of these cases, more attention should be paid to the paralysis that usually exists of muscles other than those of speech, and that the latter will be speedily cured when the former is removed.

Dr. BROADBENT said that mischief as to the pons Varolii was evidently the cause of the paralysis of speech, which injury might have resulted from a clot; that the fact of the left side being paralysed had no bearing on the matter; and that in cases of this kind, Dr. Bastian's nomenclature should be adopted and maintained.

Mr. ARNOTT related a case somewhat analogous to that under discussion; and

Dr. WILKS agreed with the author of the paper that the case should be classed as one of aphasy, and not aphasia, remarking that the patient probably recovered speech as suddenly and as mysteriously as an hysterical girl recovers the use of her limbs; and that, in order to test the education theory, it might be well to send the patient across the Channel to learn the French language.

Dr. BRISTOWE, in conclusion, agreed with the remarks offered by Dr. Broadbent, and replied to Dr. Langdon Down by saying that the paralysis was most probably treated therapeutically at Singapore, and also, to his own knowledge, at St. Thomas's Hospital. The faculty gained was perhaps recovered, not as though entirely new, but certainly with education, because, when a certain stage of education was reached, perfect speech was rapidly attained.

Mr. H. A. REEVES read a somewhat voluminous paper on the Treatment of Urethral Stricture by means of the Laminaria Dilator, in which he brought forward some cases with the view of showing that the instrument dilates the stricture speedily, and without risk. He exhibited the instrument, and described its mode of application. He also remarked on some causes and symptoms of stricture not generally acknowledged.

Mr. TEEVAN said that the forcible dilatations of strictures had, in some cases, resulted fatally, and in many others most unsatisfactorily, and that the arguments in its favour were fallacious; that Stokes, of Dublin, had tried the plan extensively, but has now quite discontinued it, on account of the mortality, and that the operation always draws blood. According to his own knowledge and belief, the "bougie olivaire" of the French practitioners was the cheapest, safest, and best instrument for the dilatation of stricture of the urethra; that private patients will not submit to the discomfort produced by the use of the laminaria, and that the latter will not accomplish a successful result more quickly than the French instrument.

After some brief remarks by Dr. Oppert,

Mr. THOMAS SMITH asked the author of the paper if he had found any difficulty in withdrawing the laminaria, and how long it should be allowed to remain.

Mr. COOPER FORSTER remarked that his experiences of treatment by laminaria were very unhappy; that the introduction of the instrument was easy enough, but that its withdrawal was accomplished with difficulty on the part of the surgeon, and with much agony to the patient.

Mr. SYDNEY JONES had used laminaria for the purpose of dilating the female urethra, and fully endorsed the remarks made by the last speaker.

Mr. HINTON remarked that he had made use of laminaria in enlarging the Eustachian tube, and found that some pain but no danger resulted.

Mr. REEVES, in replying, said that he did not expect that the treatment advocated would be a panacea for all strictures; that he disagreed entirely with the opinion enunciated by Mr. Teevan, that the instrument should be kept in for from half an hour to an hour; and that he had never experienced any difficulty as to its withdrawal.

The CHAIRMAN made some pertinent remarks on the desirability of studying conciseness in the composition of papers read before the Society.

Reviews and Notices of Books.

Guy's Hospital Reports. Edited by C. HILTON FAGGE, M.D., and ARTHUR E. DURHAM. Third Series. Vol. XV. London: Churchill and Sons. 1870.

As Guy's Hospital was the first to utilise its great resources in the publication of Reports, so these volumes have, in our opinion, always occupied the first place in the importance and character of the contributions they contain. The present is a particularly good one, including as it does papers of a very practical character, illustrated by numerous plates.

It starts off with an interesting clinical contribution by Dr. Wilks on Cases of Labio-glosso-laryngeal Paralysis, Exophthalmic Goitre, Arterial Pyæmia, General Chronic Arteritis, and Saturnine Gout. The description given by Dr. Wilks of Labio-glosso-laryngeal Paralysis is graphic. The name given to it by Trousseau is in itself a condensed description of the disease. Dr. Wilks, after analysing the anatomical and physiological relations of the nerves implicated in connexion with Dr. Lockhart Clarke's dissections, which have demonstrated the existence of a close anatomical connexion between the nuclei of the hypoglossal, vagus, spinal accessory, facial, and trigeminal nerves, proceeds to make some very suggestive observations in explanation of the apparent proneness to disease of particular parts of the cerebro-spinal system which have definite physiological properties, in comparison with other parts taken indiscriminately. Dr. Wilks next discusses the subject of Arterial Pyæmia. He describes the nature of the constitutional symptoms attendant on obstruction of the smaller arteries; and traces, from a pathological and clinical point of view, the analogy which exists between the morbid changes occurring in the arterial and venous systems. Just as there is a venous pyæmia having its source on the outside of the body, so is there an arterial pyæmia having its origin within. Although Dr. Wilks fully concurs in the well-known views originally promulgated by Dr. Kirkes, he yet agrees with Rokitansky, that in many cases the deposit found in vessels may have occurred from a primary change in the blood itself; and he seems disposed to think that, in some cases, the deposit found on the valves of the heart has occurred simultaneously with those in the solid viscera.

Statistics of Subclavian Aneurism form the subject of a most exhaustive paper by Mr. Alfred Poland. Mr. J. Cooper Forster contributes a short, practical, and eminently sensible paper on Syphilis and Chancre.

Mr. Bryant's article on the Torsion of Arteries is illustrated by coloured plates, copied from models of the vessels on which he had tried different modes of closure of an artery. The results of his experience are—that the artery should not be twisted so many times as is very generally done, as the internal coat becomes too much split up to become valvular, particularly in the case of diseased vessels, which should be twisted, as a rule, two or three times only. Mr. Bryant thinks it dangerous to twist the larger arteries until the end comes off. As this is a matter of some importance, and one admitting of being positively determined, we should be glad if someone would follow up Mr. Bryant's experiments by others.

Mr. Arthur Durham describes a new method of treating Gonorrhœa. By means of a little invention of his, an injection is made to pass from behind forwards, or from within outwards. If the contact of pus is capable of causing the extension of inflammation along the urethra, injections, as ordinarily used, may certainly help to bring this about.

Mr. John Birkett's paper, on the Results of Amputations in reference to the Causes of Mortality, is really valuable, especially at the present time.

Mr. Bader continues his ophthalmoscopic series of accurately made and well-described observations—the ophthalmoscopic appearances witnessed in Glaucoma forming the present one.

Mr. Joseph Towne on the Physiology of Binocular Vision; Mr. Hinton on Catarrh of the Tympanum; Dr. Hilton Fagge on Cutaneous Diseases and some Affections of the Nails; with papers from Dr. Pavy, Dr. A. S. Taylor, Mr. Bryant, Dr. Moxon, Dr. Braxton Hicks, and Dr. Steele, the energetic medical superintendent of Guy's, complete one of the best volumes of these Reports issued for some time. The space at our disposal will not permit of our discussing the merits of these contributions; but our readers cannot do better than consult the volume for themselves.

On Food, &c. Being the substance of four Cantor Lectures delivered before the Society for the Encouragement of Arts, Manufactures, and Commerce, in the months of January and February, 1868. By H. LETHEBY, M.B., M.A., Ph.D., &c., Professor of Chemistry in the College of the London Hospital, &c. London: Longmans. 1870.

THESE lectures contain a carefully compiled summary of the most important results of modern investigation in regard to food. How active and successful those investigations have been our readers know well. From 1838, when Mulder, then professor of chemistry in the University of Utrecht, showed for the first time the substantial identity of the flesh-forming constituents of animal and vegetable food, dietetics has been a distinct and most important branch of physiology. The brilliant though sometimes a little over-hasty generalisations of Liebig supplied a scientific classification of food which was essential to the accurate study of it, although we now find ourselves compelled to modify many of his views. The most important of these views—the theory which regarded the flesh-formers as the sole cause of muscular work—was not found to be in accord with the results of experiment; but it was not until 1861 that any active opposition to it was attempted. The celebrated experiment made by Fick and Wislicenus in August, 1865, finally demolished it, and left physiology, freed from the trammels of a false theory, to construct a new one at her leisure.

Our limits do not permit us to trace the efforts which have been made to establish a more satisfactory theory of food. They are attended with incredible difficulties, and their success has as yet been very partial. We cannot promise our readers that they will derive much assistance in this study from Dr. Letheby's book, for its plan is so large that he has only been able to devote a very small space to the theoretical aspect of the subject. All that he does tell us is told accurately and clearly, and the results obtained by Edward Smith, Frankland, Playfair, and Parkes, are given in tolerable detail; but the researches of the great German physiologists receive but casual mention. We may quote, as an illustration of the difficulties which beset the study of the relations of animal and vegetable food, the curious fact observed by Bischoff and Voit, that, after feeding a dog upon vegetable diet, a change to meat caused an enormous excretion of water. The water flowed from its body in streams, and by the urine alone 120 grammes more were excreted than was contained in all the food. None of the ordinary tables of the nutritive value of foods explain this fact, which, however, is in perfect harmony with the commonly received opinion that meat is of more efficacy in producing and strengthening muscle than any vegetable food.

The more practical portions of the book are interesting and useful. We would especially commend the last two lectures, which deal with dietary scales, with the modes of cooking and preserving food, with the important subject of diseased meat, and with adulteration. Dr. Letheby's remarks on diseased meat are valuable from his experience in regard to it. He argues with great force for the necessity of more stringent rules for the inspection of the meat which is sent to market.

Dr. Letheby will thank us for pointing out to him that in the quotations from Johnston's "Chemistry of Common Life," given at page 139, the inverted commas have been omitted. This is of course an oversight, for the general acknowledgment accorded to Johnston in the preceding page would be an insufficient excuse for such an omission.

A COSTLY WINDOW, as a memorial of the late Francis Molineux Fawcett, Esq., surgeon, of West Hartlepool, who died twelve months ago, at the early age of twenty-seven years, was last week placed in Christ Church, Hartlepool.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

IMPROVED OBSTETRIC BAG,
MANUFACTURED BY MESSRS. ARNOLD AND SONS, WEST SMITHFIELD, LONDON.

A REFERENCE to the sketches will give a good idea of this contrivance, which presents externally all the appearance of an ordinary travelling case or bag. The two opposite sides are formed as flaps (for the instruments); and when opened

and placed flat on the table, as shown, the instruments can be readily removed and replaced. Leather cases for the bottles &c. are arranged in the central portion of the bag. The bag contains midwifery forceps, improved perforator, craniotomy forceps, blunt hook crotchet, frænum scissors, female catheter, Skinner's inhaler, chloroform bottle, uterine syringe and enema, Dr. Richardson's spray apparatus, and stoppered bottles for ergot, tincture of opium, compound spirit of ammonia, tincture of iron, ether, chloroform, brandy, &c. The great advantages of this over midwifery cases hitherto made are—that it is extremely portable; that it contains every requisite for midwifery practice, arranged ready to the hand; that there is nothing whatever surgical in its appearance; and that any noise caused by the shaking of the instruments is entirely prevented. We have carefully inspected one of these bags, and consider them a decided success. The design was owing to a suggestion from Dr. Greenhalgh, and they are admirably adapted for their intended purpose. The cost of the obstetric bag, with double spring locks, &c., and contents as enumerated, is £8; or £7 7*s.* without the ether spray apparatus. The bags can be supplied to any of the profession who have their own instruments at £2 2*s.*

FROM America it is reported that cerebro-spinal meningitis has shown itself in a markedly fatal form at Albion, in the western part of Pennsylvania. Death resulted in from twelve to seventy hours after the first symptoms appeared.

THE LANCET.

LONDON: SATURDAY, MARCH 26, 1870.

THE Fellows and Members of the College of Surgeons are to be congratulated on the result of the first authorised meeting of the corporation since it received a charter. In our issue of last week we detailed the efforts made nearly forty years ago to bring about such a meeting, and the methods employed by the College authorities for its suppression. We have now the pleasanter task of congratulating all those concerned in the meeting of Thursday last on the success with which their efforts have been crowned. And, first, we may say a word for our brethren in the country who so readily answered the appeal for signatures to the requisition for the meeting, and who in many cases made great personal sacrifices in order to be present on the occasion. The number of these and of metropolitan Fellows and Members who attended the meeting shows how deeply at heart the main body of the profession has the cause of medical progress; and the enthusiasm of the assembly on Thursday last is the best answer to those few members of the Council who thought that the right of meeting, when once conceded, would never be acted upon.

Dr. MORRIS (of Spalding), the mover of the first resolution, affirming the desirability of a single examining and licensing board for each division of the kingdom, has on two previous occasions shown himself equal to the task of upholding the rights of his fellows; and no one could have been selected more fitted for the task he undertook. The resolution Dr. MORRIS moved, which was seconded by Dr. CARR (of Blackheath), did not excite any great opposition; nor was it likely to do so, for we believe that there is a very general feeling in all ranks of the profession in favour of a single portal to professional practice.

Mr. HECKSTALL SMITH (of St. Mary's Cray) thought it right, however, to move an amendment, by which the desirability of a single board for the whole kingdom was affirmed; believing that such a plan was the only one for preventing the underselling of one board by another, as is the case at present with the corporations. Though seconded by Mr. ERASMUS WILSON, the amendment failed to command the support of the meeting, which was influenced, no doubt, by the practical difficulties of the scheme as enunciated by Mr. BAXTER LANGLEY. A valuable addendum, suggested by Mr. WALTER RIVINGTON, to ensure equality of examination and fees in the three divisions of the kingdom, was willingly accepted by Dr. MORRIS, and the motion in the following form was carried unanimously:—

"That, in the opinion of this meeting, it is highly desirable that a single examining and licensing board should be established in each division of the United Kingdom, as the sole portal to professional practice, means being taken to secure uniformity of examination and fees."

The meeting thus affirmed the great principle of a single portal for professional practice; and if nothing more should be done, this deliberate expression of opinion by over two hundred and fifty members of the profession, who had in no way been canvassed previously, must have its effect in bringing about the desired result.

The second resolution, which was moved by Mr. NUNNELEY, of Leeds, and seconded by Mr. BRUDENELL CARTER, excited considerable opposition of a somewhat mixed and not very intelligible character. The lead in this was taken by Mr. J. F. CLARKE, whose humourous speech seemed to be chiefly dictated by his dread of Governmental interference. He was followed by Mr. ROGERS HARRISON, who moved the omission of the word "not" from the resolution; and who would, therefore, have pledged the meeting to the opinion that the corporations—as at present constituted—are the proper bodies to control medical education. Mr. TIMOTHY HOLMES, like the traditional animal that starved between two bundles of hay, could be content with neither the resolution nor the amendment, and he moved the adjournment of the meeting. This proposal was seconded by Mr. HUDSON RUGG; and, after various modifications and much discussion about the possibility of a future reassembling, was finally adopted, the President having pledged himself to fix a day as nearly four weeks distant as the business of the College would permit.

We may expect, therefore, that this question of the corporations will be again brought forward for discussion; and we think there is one aspect in which it has not been sufficiently regarded. The evils that have hitherto sprung from corporation rule have depended upon the fact that the corporations, for all practical purposes, consist only of their Councils or other governing bodies. If the "corporation" of the College of Surgeons was the great body of its Fellows and Members, and if the Council were only the executive—the representatives and servants of the body,—then the College of Surgeons would undoubtedly have a great claim, perhaps the greatest, to supervise the education of medical practitioners. But this claim can never be justly conceded to that fortuitous concourse of twenty-four atoms—individually distinguished though they be—by which the corporation of the College now reacts upon the outer world. Only a representative Council can render it capable of discharging duties which may be held to belong to a profession, or may be held to belong to the State, but which cannot be held to belong to a few of the leading surgeons of the metropolis, with a small sprinkling of their provincial brethren. The present meeting, however, cannot fail to contribute largely to place the Fellows and Members in their true position; and its effects, although even now sufficiently manifest, are by no means fully realised.

AFTER the usual three months' delay, and an inquiry in which the fundamental principles of evidence were continually set aside, we are favoured with another of those unsatisfactory judgments which emanate from the Poor-law Board whenever the scandals of Poor-law maladministration escape beyond the precincts of a workhouse. The Report of Mr. MONTAGUE BERE and Dr. SEATON on the charges brought by the Guardians of St. Pancras against Dr. ELLIS affords another strong warning that officials had

far better put up with known evils than fly to others which they know not of. The inevitable result of any attempt to improve the administration of a radically defective system is the excitation of an amount of invective and personal recrimination which none can appreciate better than ourselves, who have been so frequently engaged in the same warfare, although armed perhaps with better weapons than a mere paid official can command. We have then, in the judgment before us, the same nicely balanced statements and qualifications, the same smooth approvals and mild rebukes, which formed such prominent features in the Reports of Farnham, the Strand, &c. The matter is treated, in fact, as if it were a personal quarrel between the guardians and their officer; and it would be impossible to form, from a perusal of the judgment, any idea whatever of the chaotic state of the administration, or of the misery and cruelty occasioned by it to the suffering poor. Thus, with respect to the ventilation, the Commissioners satisfied themselves "that it might, under ordinary circumstances, have been so managed as to have prevented any excessive foulness of air from existing in the wards." But then the circumstances were not ordinary. The wards were shamefully overcrowded, and beds had to be placed upon the floor. A quarrel then ensues as to who is responsible for this extraordinary state of things. We say the system of which the Poor-law Board is the exponent, and a judgment which proposes to balance the responsibility of the guardians and their officer, are nothing but a farce. So, again, the guardians charge Dr. ELLIS with shutting up the ventilators, in order to make the air unnecessarily impure; and, in acquitting him of so grave a charge, the Commissioners remark "that it appeared to them that Dr. ELLIS leant very much more than medical authorities generally would approve to the opinion that foul air was less injurious to patients than risks of draughts." What, we would inquire, is the real meaning of such a judgment? Is it not that the administration is rotten to the core? Does it not mean guardians and officers quarrelling amongst themselves, authority divided, and the absence of real responsibility? In a prison, a barrack, or a civil hospital there is always someone in charge of the ventilating apparatus, with definite instructions how and under what circumstances to act; but in a workhouse all is confusion. The guardians are not masters; the doctors are not masters; nor are the Poor-law Board. Overcrowding, ill treatment, and bad ventilation go on with impunity; and when at length an inquiry is set on foot, the unfortunate officer's opinion only is made the scapegoat.

With respect to the charge of overcrowding, Dr. ELLIS was clearly not responsible. He had reported the matter to the guardians; and we have on this subject also a series of recriminations which ought to have been settled peremptorily by the Poor-law Board. With respect to the monstrous and unfounded charge that Dr. ELLIS had admitted and retained cases of contagious disease for the purpose of producing an epidemic, we think that something stronger than surprise and regret should have been expressed by the Poor-law Board. We are not aware of the exact powers of the Board to punish guardians for such improper and unworthy treatment of their officers; but if the department is to be of any public value, it should surely be able to deal with injustice of this nature with a strong hand.

Lastly, with respect to the holding of unnecessary inquests, we are of opinion that the Poor-law Board have somewhat unfairly taxed Dr. ELLIS with injudicious and hasty action in some of the instances in which he required inquests to be held. There was not a tittle of proof that he did so from avaricious or unworthy motives, and it should be borne in mind that the responsibility did not rest with him, but with the Coroner.

Whilst the administration of the Poor Law continues to be so defective, too much publicity cannot be given to its working; and though it may not be particularly pleasant to the Poor-law Board to see its inspectors in the witness-box, and to have its doings overhauled by the coroner, we must still maintain that inquests are quite as necessary in workhouses as they are in lunatic asylums and gaols, in which the inspection is at least as good as that supplied from Gwydyr House.

In conclusion, we think that the Poor-law Board ought in justice to tax the guardians with the costs which Dr. ELLIS has incurred. We believe that he will have sacrificed fully a year's salary in defending himself from charges which arose in every case out of the shortcomings of the Poor-law system, and some of which ought never to have been made. His position we have always regarded as altogether false in a public point of view. No human being could have given satisfaction under the unhappy circumstances in which Dr. ELLIS has been placed; and although we fear that, in his zeal for improvement, and possibly also in his desire for power of which he felt the want, he was led to enter somewhat unwisely upon a contest of which he could not count the cost, we are of opinion that the public and the poor will eventually be gainers by the quarrel, and that he is at least as much entitled as the guardians to have his expenses paid.

A VERY long and carefully drawn up paper appears in the just published *Mémoires de la Chirurgie de Paris* on the Indications and Results of Trephining, from the pen of Baron LARREY. He commences his essay by quoting the words of BICHAT, who, when treating of the same subject, observes: "How many doubts are to be resolved, how many uncertainties to be dissipated, both in the prognosis and in the treatment of injuries of the head." Opinions, it is well known, and those the opinions of the very best surgeons of modern times, and of those who have had the widest experience, have been much divided on the propriety of performing the operation of trephining or of pursuing the expectant plan of treatment; whilst many who admit the principle hesitate to adopt the practice. The rules laid down in our text-books are familiar to every student, and need not here be repeated; yet most will admit that the cases of trephining seen by the student during his four years' attendance at any hospital may be counted up on his fingers.

The conclusions arrived at by Baron LARREY are drawn from the analysis of one hundred and sixty cranial lesions; and he is of opinion that the operation should be reserved for certain well-defined cases where the indications are perfectly clear, whilst they should not be undertaken precipitately

or under doubtful circumstances, lest the already present conditions be aggravated and the fatal termination hastened; and this is the more strenuously urged, because he thinks the prompt and rational application of other remedial means can in many instances materially aid the resources of nature, even in injuries of the gravest character.

The indications for trephining Baron LARREY shortly tabulates as follows:—1. Trephining should be performed in fractures of the vault of the cranium produced either by simple penetration to a greater or less depth, or complicated by the driving in of fragments, when the laceration of the dura mater or the lesion of the brain sets up grave and persistent symptoms, and when efforts at replacement of the fragments by other means than trephining are found to be impracticable. 2. In fractures complicated with the impaction of foreign bodies or projectiles in the substance of the cranial bones or in the superficial layers of the brain, with persistent symptoms, and impossibility of removal of the foreign bodies by other means. 3. In various mechanical lesions of the head, complicated with serious cerebral mischief, and of a persistent nature, such as contusion and compression of the brain, or even prolonged hemiplegia, with effusion of blood or pus, where this is supposed to be of a circumscribed nature; provided, however, that the local lesion is well defined, and, above all, that active therapeutic means produce no effect; this last being an extremely important reservation.

The contraindications to trephining, on the other hand, are as follows:—1. It should not be performed when the foreign body, having penetrated the skull, is lost in the deep parts of the brain, or becomes inaccessible to instruments. 2. If the blood or pus effused within the cranium does not appear to form a focus in communication with the opening in the bone. 3. In every fracture, whatever may be its extent, which is not complicated by the impaction of fragments, nor by persistent symptoms of compression or paralysis. 4. In the state of cerebral disturbance, or of more or less profound coma, either with or without localised lesion. 5. When convulsions of an indeterminate, or epileptiform, character are present, since these are probably susceptible of cure. 6. In diffuse inflammation of the brain, or of its meninges, rendering itself more or less evident by corresponding symptoms.

These conclusions appear to us to be of a highly practical character, and, as has been above stated, are founded, not only on the author's experience, but on that of his father, which, it is well known, was immense.

SIR JOHN GRAY'S Bill is a very bad Bill, the badness of which is poorly atoned for by the good intentions of the author. It is easy to perceive Sir JOHN'S good intentions. They are apparent in this bad Bill; and he has repeatedly, and with creditable boldness, expressed them in public. He wishes to make it impossible for men to gain a licence to practise without submitting to very severe clinical and practical tests. Long paragraphs of his Bill are devoted to the description of the practical tests by which the candidate is to "*demonstrate his ability.*" And, as if this were insufficient, clause 16, in part ii. of the Bill, specifies that the examiners shall test the practical experience and knowledge of each candidate *in accordance with rules to be framed* by the General Medical Council; but such rules shall include others requiring that the candidate shall, in the presence of the examiners and assessors, diagnose a series of medical and surgical cases in an hospital ward or wards. There are, then, to be "rules including rules," for the laudable purpose of securing that henceforth men shall at least know their profession before they enter it, whatever else they do not know. All honour, then, to Sir JOHN GRAY'S good intentions. Nevertheless, in our humble opinion, the Bill is a very bad one, unworthy of Sir JOHN GRAY as a medical reformer, and ought to be at once rejected, if he should not previously withdraw it. Let us, in anticipation of the second reading of the Bill, justify our condemnation of it.

Sir JOHN introduces it in complete dissatisfaction with existing examinations. These, he says, are so inadequate that a man who has never dissected a body, never felt a pulse, and never opened an abscess, may, with six months' reading and study, pass them. They are so bad that Sir JOHN GRAY would institute a new examining board, to be elected by the Medical Council. This, indeed, is the great feature of his Bill—the institution of a new examining board, which every man is to pass before he can be registered. But, be it observed, prior to presenting himself before the new examining board, the candidate is to be examined by, and is to pass one of, the existing licensing boards which Sir JOHN has so eloquently condemned, and which he thinks so inefficient that he seeks to institute a new board. Sir JOHN sees in the possession of existing legal qualifications no guarantee of professional skill and knowledge. Nevertheless, he makes the acquisition of the present legal qualifications a condition of being examined by the new examining board. This is even worse than the scheme of the London bodies, which proposes that the separate corporations shall surrender their rights of separate examination, but combine to form a conjoint board, and divide amongst them the spoils. If Sir JOHN GRAY so contemns the present examinations, in the name of reason why does he insist upon the student passing them as a condition of his undergoing the stricter examination which he sets so much store by?

Equally unsatisfactory is Sir JOHN'S attempt to improve the Medical Council by the cumbrous method of simply adding twelve members, to be elected by the medical practitioners of the country. This would make a Council of thirty-six members! The present Council is too large, and this new one would be quite unpractically so.

There is something—we had almost said—lazy and cowardly in such legislation as this. It is an attempt to do two incongruous things: to retain the present system, and to supersede it; to make things pleasant all round.

Sir JOHN GRAY has magnanimously said that he will not let his Bill stand in the way of any measure by the Government that is likely to effect his purpose. We urge him to withdraw his Bill. The Government cannot bring in a worse measure than his, and it may bring in a better. He should give his whole support to an attempt to break away from the system of licensing by corporations.

WE have hitherto been prevented from noticing that the Commissioners in Lunacy have made special inquiry into the causes of the mortal injuries sustained by RHYS PEYCE, the lunatic who died with broken ribs in the Joint Counties Asylum at Carmarthen. We do not anticipate that the Commissioners will throw much light upon the subject; but we hail with satisfaction any evidence that the official mind at last recognises the necessity of following in the track of public and professional opinion. Amongst other signs of the attention that has been directed to the question, we may also mention a paper by Dr. SANKEY (formerly superintendent of the female side at Hanwell), which was read before the Medico-Psychological Association, and published on the 19th ult. by a contemporary. We gather from this paper that the supporters of a "natural-causes" theory of rib-fracture are not quite in accord amongst themselves. Dr. SANKEY repudiates the doctrine of abnormal brittleness of the bones, and takes refuge, to a certain extent, in a doctrine of sluggish reflex action; believing that the muscles are not brought into tension with sufficient rapidity to protect the structures beneath from injury. He assigns also the recklessness of patients, and the struggles in which they are apt to become engaged, as causes of the various shocks which the flaccid muscles do not resist. The explanation seems unsatisfactory: partly because the state of maniacal excitement and active effort is hardly consistent with flaccidity of muscle; and partly because, in the reported cases of broken ribs, the fractures have been symmetrical in character. With all due allowance for the insensibility of lunatics to pain, the chances seem much against their breaking four or five ribs, first on one side and then on the other; and still more against their sustaining any *accidental* violence by which ribs on both sides could be fractured at the same time. But Dr. SANKEY's paper, the pamphlet of "Medico-Psychologicus," and other literature conveying what may be called the asylum view of the question, seem all to point to the conclusion that our county asylums are as much under-manned, in respect of attendants, as they are in respect of doctors. The various writers nearly all speak of "struggles" between attendants and lunatics, as if such struggles were among the ordinary incidents of madhouse life. Now, our great master in the art of non-restraint—CONOLLY—was accustomed to lay especial stress upon the doctrine that no such struggles should ever be suffered to take place. He well knew to what they must inevitably lead. His plan was, when a patient became ungovernable, to surround him, before a hand was laid upon him, with such a preponderance of force as would render resistance hopeless, and prevent any struggle from occurring. He said that if a furious lunatic were seized by one man or by two, the force brought to bear upon him, although possibly sufficient ultimately to overpower him, would not be sufficient to extinguish his efforts at once; and that the resulting contest would not only be physically dangerous to all concerned in it, but would also arouse the combativeness of the keepers, and thus weaken or destroy their power of self-restraint. He therefore gave orders that a maniac should, as far as possible, be kept in play until four, five, or six attendants could surround him and seize upon him together; and his arrangements were such that sufficient force was always quickly available at any point where it might be required. It would be interesting to ascertain how far the practice of the last few years has departed from the sound principle thus emphatically enunciated by one whose knowledge of insanity was that of a skilled physician, and of an acute observer of human nature.

We cannot leave the subject of lunacy without once more calling attention to a great want of the day—the want, that is, of hospitals for insane persons of the middle classes, whose friends could afford to pay something for their maintenance. In a very large number of instances the terms charged by the proprietors of private asylums are prohibitory to such persons; and to place them among paupers in a county asylum is not only very painful to their families, but may even seriously retard recovery. There are excellent institutions of the class we mean at Nottingham, and at Barnwood, near Gloucester; and there are some private asylums at which such patients are received. But the total amount of accommodation for them is, we believe, far below the proper and legitimate demand for it; and few undertakings could be more useful than to promote the establishment of new institutions kindred in character to those we have mentioned. As far as London is concerned, St. Luke's was founded and endowed for the supply of the very want in question; but it has been perverted from its proper use by the obstinacy and incapacity of its governing body; and there is no reason to suppose that these peculiarities will undergo any abatement within the experience of the present generation. Colonel BARTTELOT obtained from the Home Secretary an announcement that the Government is powerless to interfere; and we fear that, as long as St. Luke's stops the way, the want will not be otherwise supplied in the metropolis.

Medical Annotations.

"Ne quid nimis."

EXAMINERS AT THE COLLEGE OF SURGEONS.

AT a special meeting of the Council of the College of Surgeons, held on Tuesday last, for the consideration of the four resolutions affecting the constitution of the Court of Examiners, which we published last week, it was resolved to take Mr. Simon's motion first, since, if carried, it would include the others. Mr. Simon's motion was seconded by Mr. Erichsen, and was to the following effect:—

"That, for the future, in the opinion of this Council, the two offices of Examiner and Councillor of the College ought, as far as practicable, to be made disqualifications, each for the other; and that a Committee, with power to take legal advice, be appointed to consider and report to the Council as to the steps by which effect may be given to this principle, prospectively, as vacancies occur."

After some discussion this was negatived by a large majority; and Mr. Humphry's motion having been withdrawn, Mr. Quain's motion, seconded by Sir W. Fergusson, was carried, with the modification of "one-half" for "four." The resolution, therefore, reads as follows:—

"It is desirable that not less than one-half of the members of the Court of Examiners shall be Fellows who are not, and have not been, members of the Council; and that this resolution shall be carried out as soon as possible."

Mr. Curling's proposal then came on for discussion; and the preamble, which stated "that the Council having, by their approval of the scheme for a Conjoint Examining Board, adopted the principle that the Examiners in Anatomy and Physiology should be distinct from those on Surgery," having been omitted, the resolution as follows was seconded by Mr. Hancock, and carried:—

"That, for the future, the elections of Examiners in Anatomy and Physiology shall be distinct from those of Examiners in Surgery for the Fellowship as well as for the Membership of the College."

It thus appears that the principle for which we have so long contended is at last recognised by the Council—the separation of the examiners in Anatomy and Physiology from those examining in Surgery, and the appointment of examiners not on the Council. It still remains to be seen how the resolutions which have now been passed will be carried out; and whether, when the next vacancy falls in, and the members of the Council are protected by the ballot, they will strictly carry into effect their own resolutions. It will be such an enormous improvement if only one-half the examiners are not on the Council that we must be content with Mr. Quain's motion, though not of such a sweeping character as Mr. Simon's. It might possibly have been said that the effect of a more stringent resolution would have been to keep good men out of the Council; and since all must be agreed that by the time a surgeon's age and position warrant his election as a representative man his connexion with the teaching of anatomy and physiology must have ceased, it will be doubtless well that provision should be made for the choice of examiners in these subjects elsewhere.

LIQUOR HYDRARGYRI PERCHLORIDI, P.B.

SIR THOMAS WATSON, in his valedictory address as President of the Clinical Society, laid particular stress upon the necessity, not only of determining, but of securing, the proper action of medicines, and of administering them in as simple a form as possible—in fact, of avoiding mixing them with other substances that might confuse and vitiate the conclusions to be drawn from their actual operation. An exceedingly good illustration of the importance of attending to this rule is to be found on considering the existing mode of preparing the Pharmacopœial solution of perchloride of mercury. As this preparation is one of the commonest in use, it is all the more important that its composition should be above suspicion. In the current number of the *Pharmaceutical Journal*, however, Mr. Martindale, of University College Hospital, declares that the use of hydrochlorate of ammonia as a solvent of the perchloride of mercury is followed by the formation of a double salt, ammonio-mercuric chloride, and that in the Liq. hyd. perc. P.B. not a trace of perchloride of mercury exists as such. Further, if common water be used, a dense, and at first flocculent, precipitate is formed (white precipitate), as the result of the presence of lime. The precipitate obtained from one pint of the P.B. liquor, made with New River water, weighed 2·7 grains, bearing the ratio of 27 to 100 of the perchloride used in the first instance. Thus upwards of one-fourth was converted into white precipitate; and if it were diluted, as it generally is when taken with more water, which would yield a further supply of lime, eventually a point would arrive when the whole of the perchloride would be converted into the insoluble white precipitate. If distilled water is used, these results do not happen; but, as Mr. Martindale very justly remarks, here we have one of our most active remedies rendered a comparatively inert and doubtful one, and its chemical and physical characters, and very probably its medicinal action, completely altered, by the mere substitution of common for distilled water, as is too often done in dispensing. This is, in fact, inevitable in hospitals. Hence it is advisable to omit the hydrochlorate in preparing the solution of perchloride of mercury, a simple solution of which in distilled water is quite stable.

DINNER PARTIES.

CAN nothing be done to make dinner parties more agreeable? Of all the devices of modern civilisation for spending money, and producing weariness and discomfort, they are about the costliest and the worst. The great vice of them is the elaborate multiplication and variety of dishes, which causes the meal, including dessert, to extend over three hours or more. These dishes are not to be numbered or understood. Only one now and again can be taken; the rest have to be passed; and long before the ordeal is over one begins to feel the irksomeness of the undertaking to which he is committed. This feeling is produced by the number and superfluity of the viands; but it may be aggravated by two or three accidents of the situation. You may be sitting in the exact incidence of a draught of air, making you sneeze or cough; the room may be stiflingly hot from excessive gas; or you may have a neighbour who is neither pretty nor entertaining. All these evils would be tolerable if the time of them was shorter. But when you know that you have to endure them for three mortal hours, the consequences are beyond a joke. It takes a day or two, after such an ordeal, to recover satisfaction either with one's food, or with one's fellow-creatures. The change to the drawing-room comes too late to be enjoyed, and your carriage is announced before tea or music can be had. In the name of comfort, to say nothing of reason or physiology, we protest against such a style of party. To see a score of people, each more or less accomplished and capable of giving pleasure to the other, abandon themselves to mere eating and drinking for three hours, is a high discredit to our civilisation. Though we have said little of the bad effects of such a fashion, they are very real in langour and *ennui* for successive days. We have heard it said that the best way to enjoy dinner parties is to go after dinner. At any rate more of the drawing-room and less of the dining-room is necessary, if all sensible people are not to hesitate before accepting what might be one of their pleasantest invitations.

THE "EXAMINER" AND THE INSANE.

IN the days when Hounslow Heath was infested by highwaymen, our forefathers were familiar with the lackey who would submit to be dragged off the rumble, and flung shivering under the wheel; and who, when the thieves were put to flight by timely aid, would loudly assert his own share in their discomfiture, and would resent the gratitude felt by his master towards the actual deliverers. Human nature never changes; and, although highwaymen have been abolished, the types of lackeydom remain. Our contemporary, the *Examiner*, may be taken as a convenient example. In its columns last week we find a resonant article, crowded with the most formidable adjectives, and based upon the recent conviction of two asylum attendants at Lancaster. We learn that this conviction has startled the sluggish conscience of the public, and has roused the press to action. "Even THE LANCET," we are told, "that a few weeks since revelled in vituperation of any attempt to expose the homicidal tendency of aggregation and seclusion within sanitary gaols of helpless and friendless crowds, *now* hastens to denounce the rib-breaking attendant," &c.

We may be in error, but we fancied we had "denounced" the "rib-breaking attendant," and that some of our con-

temporaries had followed our example, some weeks before the trial at Lancaster took place. This, however, is immaterial; and it is more than possible that the *Examiner* may not be very familiar with current literature. We have preserved the sentence, not on account of its accuracy, but for the sake of merits of a different order. There is a delicious lucidity about "aggregation *and* seclusion," and about "gaols of crowds," that we would not willingly let die; and the whole passage strikes us as an excellent example of a style that we fancy we have seen elsewhere. May we, without offence, term it the "flatulent confused"?

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday night, the paper read was by Dr. Elam, on Acute Idiopathic Cerebritis. The design of the author was to attribute to actual inflammation of the brain-substance, apart from inflammation of the meninges, a series of obscure cases in which an attack of vomiting was followed by symptoms of dulness and drowsiness, without paralysis or actual coma, continuing for an uncertain time and terminating in death. Post-mortem examination revealed either mere hyperæmia or actual softening of the brain-substance. An interesting debate followed, chiefly maintained by Dr. Clifford Allbutt, Dr. Charlton Bastian, and Dr. Radcliffe; and there seemed to be a general consent that the views advanced by Dr. Elam were not sufficiently supported by evidence to warrant their adoption.

CHILDREN'S HOSPITAL AT BIRMINGHAM.

IN January, 1862, a modest house in Steelhouse-street, under the name of the Birmingham Free Hospital for Sick Children, was opened for the reception of its young invalids, the ground floor being used for prescribing to out-patients, while the first and second floors accommodated from sixteen to eighteen beds. The annual subscriptions then amounted to about £200. Eight years have elapsed, and the hospital now provides for the out-patients in a handsome dispensary erected in a thickly-peopled neighbourhood at a cost of £3000; while the in-patients occupy a building in Broad-street, taken at a lease of fifty years, and as well-appointed an institution as any other of its kind. All that taste, seconded by liberality, could do, has been done for the external arrangements of the hospital. The funds now exceed £1500 a year, and are steadily on the increase; the Committee's investments being over £3000, and their liabilities amounting only to £400. The report at the last meeting sets forth that, in addition to its convalescent branches and patients attended at their own residences, five hundred and fifty-eight children had passed through the beds, and well-nigh 13,000 out-patients had been prescribed for at a cost of some £1700. In these highly-gratifying results the Committee read the reward of wise and well-directed energy, and perfect frankness in admitting defects and in appealing to the public for aid to obviate them. Birmingham may well be proud of her hospitals; but we doubt if any contrasts so favourably with others of its kind as this one for her sick children, whose managers can bear the Baconian test as thoroughly as most of their compeers—"Prosperity doth best discover vice, whilst adversity doth best discover virtue."

FEVER IN THE PAUPER SCHOOL AT HIGHGATE.

A SERIOUS outbreak of fever has occurred at the pauper schools belonging to the Holborn Union, at Highgate. As soon as the circumstances were reported by the medical officer to the guardians, a committee was entrusted with full powers to investigate the cause of the outbreak, and take the most active steps to prevent its extension. It may be observed that the building consists of one old villa, with additions by no means constructed with a view to health. Neither the school-rooms, dormitories, nor dining-room have through ventilation, and there is a most objectionable watercloset in the very middle of the building, underneath the stairs. For some time past the school has been greatly overcrowded, and at the time of the guardians' visit on Friday, the 18th inst., there were 189 children, where certainly there ought not to be more than 140. It has been observed by the matron that the children had failed for some weeks past to consume their food, and that many had a cold and congested appearance. In the early part of the week it was found necessary to send four cases to the Fever Hospital, and it was evident more were sickening.

It is satisfactory, however, to record the energetic and judicious action of the guardians. Steps were at once taken to remove fifty of the healthiest children to the temporary hospital which has just been secured in Bath-street. Other developed cases were sent to the Fever Hospital, and at a special meeting of the guardians it was resolved to take a house and furnish it for the special accommodation of the convalescent and weakly children remaining in the school. At the same time, orders have been given to shut up and disinfect the watercloset, to increase the ventilation of the building, to improve and vary the dietary, and to diminish the hours of school work. Up to the present moment these measures have been entirely successful, and it is to be hoped that a check will be put upon what might otherwise have been a very fatal epidemic.

MEDICAL TEACHERS' ASSOCIATION.

AT a general meeting of the Medical Teachers' Association, held on Friday, the 18th inst. (Dr. W. A. Miller, President, in the chair), the following proposals of the Council were discussed and carried:—

1. That it is expedient that a single Examining Board for each division of the United Kingdom be established, and that a single licence to practise be granted to the candidates who pass these Examining Boards.
2. That means should be taken to secure uniformity of examinations and equality of fees.
3. That it be recommended to the members of the Association that class examinations, both written and oral, be held, as a means of tutorial instruction of the student.

The first proposition gave rise to considerable discussion, Drs. Sibson and Barclay and Mr. Holmes being desirous of introducing the words "conjoined" in order to support the movement towards an amalgamation of the licensing bodies now in progress; but this was opposed by Mr. Heath, Mr. Brodhurst, and Mr. Rivington, and was ultimately negatived. A proposition having reference to schedules of lectures was postponed to the annual general meeting.

DISCOVERIES AT MELBOURNE.

WE know not whether to congratulate Dr. G. B. Halford or to condole with him on being presented by a number of his professional brethren with a testimonial for having discovered, not only an antidote to snake-bite, but also the method of administering remedies by injection! It may be wise policy "not to look a gift horse in the mouth"; but we question the wisdom of Dr. Halford's gravely accepting a testimonial for having made two "discoveries," one of which is no discovery at all, and the other of which ranks among the oldest, most outstanding, and universally received methods of therapeutics. In everybody's hands except Dr. Halford's the treatment of snake-bite by the injection of ammonia has utterly failed; and in India, where a remedy of any kind would ensure its discoverer a monument, the search for it has been abandoned in despair for the "stamping-out" process, a reward being held out to

the individual who brings to the local authorities any poisonous snakes, either scotched or killed. But of this the less said the better. As to Dr. Halford's taking, or (what comes to the same thing) allowing others publicly to give him, credit for having discovered the "method of treatment by injection," why, words simply fail to express our astonishment. Victoria is a young colony, and she may possibly think it a useful exercise to repeat all the European discoveries for herself. Dr. Halford having led off with the rediscovery of treatment by injection, we shall have a succession of similar feats, till Melbourne will be able to point to her Harveys, her Jenners, her Hunters, her Bells, and her Simpsons, who will treat the claims of their prototypes with much the same incredulity with which they hear their new Chinese friends boast of having possessed the mariner's compass and the art of printing millenniums ago. We congratulate Melbourne on a new, a profitable, and a highly amusing form of entertainment; and we can only envy her the immense amount of leisure she must have on her hands!

ASYLUM REFORM.

WE are glad to place on record that Dr. Brushfield, the Medical Superintendent of the Surrey County Asylum at Brookwood, has issued a memorandum to the attendants and other persons employed there, cautioning them against any ill-treatment of, or harshness to, the lunatics under their charge. He refers particularly to the application of the knee to patients, and threatens any offender with instant dismissal and prosecution. He expresses his belief that no member of his present staff is likely to be guilty of the practices referred to; but adds that he feels it his duty to bring the matter distinctly to their notice, and speaks of the case of the men lately convicted at Lancaster, as well as of the disclosures that have been made elsewhere, as furnishing sufficient grounds for his most wise and timely warning. Those who know Dr. Brushfield will feel no surprise that he should take this bold and straightforward course, or that he should set an example which will, we trust, be generally followed by other superintendents. It is surely sound philosophy, as well as good common sense, to recognise the rib-breaking as an ugly fact, sufficiently explicable by human passion and frailty, and capable of being prevented by an appeal to common motives, rather than to explain it by all manner of mysterious conditions, for the most part invented for the purpose of furnishing the explanation. We heartily congratulate Dr. Brushfield on his courage and candour, and trust that his subordinates may continue to merit the good opinion of them that he has been able to express.

HOSPITAL STATISTICS.

MR. JOSEPH WILKINSON, the indefatigable secretary of St. Mary's Hospital, has presented to the Weekly Board of that institution a second report upon hospital expenditure, based upon an analysis of the working expenses of forty-six London and provincial hospitals for the year 1868. The list includes all the large London general hospitals, except St. Thomas's, and the following special hospitals:—The Cancer, Sick Children, Consumption, Lock, Fever, and Moorfields Ophthalmic; also twenty-three country hospitals or infirmaries, with two from Ireland, and four from Scotland. A year ago a similar compilation by Mr. Wilkinson of the statistics of 1867 showed great discrepancy in the cost of each occupied bed in the several London hospitals; but this has now, it appears, to a great extent been rectified, the cost of each occupied bed in the following hospitals for 1868 being as follows:—St. George's, £56 18*s.* 9*d.*; St. Mary's, £57 11*s.* 1*d.*; St. Bartholomew's, £58 0*s.* 4*d.*; London, £58 13*s.* 8*d.*; King's College, £59 6*s.* 4*d.*; Charing-cross, £59 14*s.* 9*d.* Three hospitals are, however, quite exceptional: thus the beds at the Westminster Hospital do not cost quite £40, at Guy's Hospital they are maintained for less than £48, while at University College Hospital £77 is required for the maintenance of each bed. Such variations are, as Mr. Wilkinson remarks, somewhat puzzling, and not easily explicable. The special hospitals of the metropolis show some remarkable statistics: thus at the Cancer Hospital, Brompton, the beds cost £123 each, and the cost of every in-patient is £22, against an average of from £4 to £6 at the general hospitals. The provincial hospitals show enormous variations, some equalling the London hospitals, whilst others, from their peculiar situation and other causes, are much lower in cost.

The number of beds in an hospital by no means represents the number of patients constantly under treatment, and thus the average cost of each bed is materially affected. The smaller the hospital, as a rule, the greater the proportion of the beds occupied: thus at Guy's, with 560 beds, the average daily number of patients was 408; and at Middlesex, with 310 beds, there were 235 patients; whilst at St. Mary's, with 157 beds, there was an average of 148 patients; and at King's College, with 152 beds, of 136 patients. Among the special hospitals, the Cancer Hospital, with 80 beds, had an average of only 40 patients; the Hospital for Sick Children, with 75 beds, had 71 patients; the Consumption, with 210 beds, had 194 patients; and the Fever Hospital, with 320 beds, had 209 patients.

We believe that Mr. Wilkinson's laborious compilation will prove of the greatest service to the governing boards of the several charities which it includes; and we fully agree with him that a uniform system of keeping hospital accounts would tend to reduce expenditure by facilitating an easy comparison between the different establishments.

THE SANITARY CONDITION OF EASTBOURNE.

WE referred last week to the report of Dr. Thorne Thorne on the prevalence of typhoid fever in Eastbourne, and stated briefly the conclusions arrived at both as to the causes of the disease and the remedial measures to be adopted. From the local newspapers and from other sources we have been enabled to glean some little knowledge of the proceedings of the local Board in reference to Dr. Thorne's visit, and have noted how remarkably they tally with common experience in such cases, there being indeed a sort of groove in which they all run. It is a wearisome business to toil through the long rigmarole of personalities, irrelevancies, and disputations about matters of fact; the end of it all being that on inquiry things are usually found to be worse than was originally supposed.

The local Sanitary Committee admitted in January that they could not report the sanitary condition of Eastbourne to be satisfactory, "there being much sickness prevalent, and especially fever"; but they inferred from the fact that the last quarter of 1869 was an unhealthy one generally throughout the country, that the cause of the disease at work in the town was atmospheric, or at any rate "wholly unconnected with any question of public sewers or of water-supply." They nevertheless offered a number of suggestions for sanitary improvements to the local Board, especially in respect of sewer-ventilation, house-drains, water-closets, and water-supply; their practice being of a more rational character than their theory. One local journal seems to have heard something of Professor Tyndall's lecture on "Dust and Disease," and has endeavoured to apply it in elucidating the cause of zymotic disease at Eastbourne; "the prevalence of minute living objects, dancing as it

were in the air, have been seen," it is gravely said, "more than once during the past three months at our sea frontage"—a mysterious portent fitly shadowed forth in hazy language. Curiously enough, the same journal asks, "May not the impurity of water be the cause of many of our ailments?" a question which seems to be fairly answered by Dr. Thorne, who has given an account of the Motcombe pump-water and of the condition of the wells in Old Town and Seaside that is quite nauseating.

It is obviously a waste of time to discuss the probable influence of atmospheric causes in producing unhealthiness in a town where sanitary defects exist of such a nature as those pointed out in Eastbourne by Dr. Thorne. Fifteen deaths from typhoid fever in the last year, out of 187 deaths from all causes, indicate, at any rate, the existence of one specific sanitary defect admitting of easy and effective remedy: for water polluted with cesspool and other abominations it cannot be difficult to substitute a supply free from those obnoxious characteristics; while waterclosets without water are not only a delusion but a snare. There can be no doubt that Dr. Thorne's visit to Eastbourne will lead to improvement in many respects; that is clear from the resolutions passed at the local Board meeting last week. A medical man, a member of the Board, is reported to have made some observations which would seem to imply that either he or Dr. Thorne was not thoroughly acquainted with the true characteristics of typhoid fever. Dr. Thorne is a physician on the staff of the London Fever Hospital, and is therefore without doubt fully entitled to be regarded as an authority as to what is and what is not typhoid fever. It ought to be known and understood that those who have been instrumental in bringing about his visit are the real friends of the town. It may be taken for granted that visitors are not likely to be hoodwinked by protestations of superior healthfulness on the part of the lodging-house keeper interest, and the suspicion of something wrong would be far more detrimental to Eastbourne as a health-resort than the open avowal of defects with the determination to remedy them forthwith.

THE SHEFFIELD PUBLIC HOSPITAL.

THE action brought by Mr. John Taylor, the late assistant house-surgeon of the Sheffield Public Hospital, against some members of the House Committee for his alleged wrongful dismissal from office, was tried before Baron Cleasby at the York Assizes on Monday last, when the jury awarded Mr. Taylor £50 damages. Mr. Taylor, it may be remembered, was in September last appointed acting assistant house-surgeon, with the understanding that if he gave satisfaction, and obtained the diploma of the College of Surgeons in November, his appointment would be confirmed. Having complied with the conditions, the confirmation duly took place, and Mr. Taylor performed the duties of his office until January 12th, when he was summarily dismissed for alleged insubordination and disrespect to the Weekly Board. These charges arose, as mentioned in THE LANCET of February 5th, out of the unfortunate case of Mary Ann Wragg, a young woman who, when suffering from fever, fell a victim, as stated by Mr. Taylor, to the mismanagement or parsimony of the Sheffield Poor-law authorities in not supplying her with the nourishment and wine she required. Mr. Taylor had the temerity to write letters upon the subject to the local press and to ourselves, and was thus brought into collision with the Sheffield board of guardians. It then appeared that, from ignorance of its existence, he had not availed himself of a practically obsolete rule of the hospital, by which he could have supplied the patient with the necessary wine, &c. Dr. Hall, the physician and honorary secretary of the hospital, seems to have thought that Mr. Taylor's letters had tended to bring the institution into disrepute, and therefore moved the medical staff to withdraw their recommendation that Mr. Taylor should be continued in his office. This was done, and the Quarterly Board dismissed Mr. Taylor, on the motion of Mr. Earnshaw, one of the defendants in the action.

The defence put forward was that Mr. Taylor had been "insubordinate and unmanageable"; that "he was a young man who had come from London full of self-conceit, and was of opinion that any interference with him was a breach of professional etiquette." Little or no evidence in support of this view was adduced, and the jury in the end, as we have said, brought in a verdict for £50 damages.

We are sorry to notice that the defendants propose to take the case into a higher court; for, whatever may be the result, there can be no doubt that such a proceeding will tend more to damage the charity in public estimation than any letters to the papers. As we cannot but think that there may have been faults on both sides, we would strongly recommend all parties at least to rest, even if they cannot be thankful.

NEW GOVERNING BODIES OF PUBLIC SCHOOLS.

THE Chancellor, Vice-Chancellor, and Fellows of the University of London have addressed to the Queen a memorial, which, we have no doubt, will receive the hearty support of the profession. It seems that the new statutes framed by the Commissioners under the Public Schools Act, 1868, provide that in the case of each of the schools of Winchester, Harrow, Charterhouse, and Rugby, one member of the new governing body shall be elected by the Senate of the University of London. Such election, however, is limited by the further provision that the person so nominated shall be a member of the Church of England. To the first of these provisions the Senate willingly accede; but in the second, as violating a fundamental law of the University, by which subscription to any form of religious faith whatever is expressly excluded from her consideration, they cannot acquiesce. They, therefore, memorialise the Queen to disallow the religious qualification prescribed by the Public Schools Act, 1868; and we have little doubt that, in the spirit of toleration and enlightenment which gains in force from day to day, the advisers of her Majesty will grant the memorialists' prayer.

THE GALWAY MEDICAL SCHOOL.

OUR readers must begin to be heartily tired of the discussion which has been carried on in our pages regarding this subject, and they will join us in desiring to know when and how it is to end. The present state of matters is scarcely calculated to reflect credit on those who have taken part in the discussion. Statements are made one week only to be contradicted the next and reiterated the week following. Meanwhile, to judge from the local papers which have been forwarded to us, rustications, resignations, stormy meetings, and strong expressions of opinion serve to keep those connected with the Galway College lively, at any rate. Mr. Ward, the demonstrator of anatomy, has resigned his post. In a letter which that gentleman has addressed to the President of Queen's College, Galway, he declares, *apropos* of the charges brought against some of the professors conducting the clinical department of the medical school, that these were such as no man connected with that school could safely contradict; and he concludes by saying—"I have strong opinions on the way in which some medical professors discharge the duties of medical education. It may be soon time for me to express

my sentiments more fully, and I cannot but think it advisable under these circumstances not to remain in any way under the arbitrary power of the authorities of the Galway Queen's College." The question, in so far as it ought to interest us, is a very simple one. We have nothing whatever to do with the subject of mixed education, or the success or failure of the Queen's University. As medical journalists, we have to inquire whether the system of instruction pursued at the Galway Medical College be such as a student has a just right to expect in return for the money he has paid, and whether the advantages it has to offer in the way of clinical instruction be such as to fit a young man studying medicine for the practice of his profession? It is surely time that a searching investigation should be entered upon by impartial and competent persons.

TESTIMONIAL TO MR. E. R. OWEN.

THE Oxford Branch of the Great Western Provident Society, at a banquet held at the Oxford station, on Wednesday, the 16th inst., presented its medical officer, Mr. E. R. Owen, F.R.C.S., with a handsome testimonial on the occasion of that gentleman's relinquishing the post which he had filled with great ability, assiduity, and success for sixteen years. The chair was occupied by C. F. Dodson, Esq., who, in well-chosen and complimentary language, conveyed to Mr. Owen the Society's sense of the value of his services, and its respect for his personal and professional character. Mr. Owen's reply was conceived and expressed in admirable taste, and on its conclusion the entertainment was prolonged through an evening of unusual geniality and neighbourly *bonhommie*.

HANWELL ASYLUM.

ALTHOUGH the violent death of Santa Nistri in Hanwell preceded by some months that of William Wilson in Lancaster County Asylum, the offenders in the latter case have been brought to justice first. So tardy, indeed, have been the proceedings in the former that the member for South Lancashire, Mr. Cross, asked the Home Secretary on Monday what steps (if any) the Commissioners in Lunacy had taken in it; and also whether the case of Rhys Pryce, who came to a violent end in Carmarthen Asylum, had been made a subject of similar investigation. Mr. Bruce replied that very full inquiry had been made into both cases, and ample reports received with respect to them; and that, if required, these documents could be produced. We sincerely trust that Mr. Cross will move for their production, as the public mind cannot be too early satisfied as to the direction which asylum reform (so loudly called for) must take.

HEALTH OF SEAMEN.

THE Merchant Shipping Code, as altered and revised, differs but little from the original Bill, as to provisions enacted with reference to the health of seamen, except in two particulars. The 207th section of the Masters and Seamen's Act recites that the "Act for preventing the adulteration of articles of food or drink (23rd and 24th Vic., cap. 84) shall extend to all medicines, medical stores, and antiscorbutics required to be provided in pursuance of the said regulations, in the same manner as if they were included in the said Act under the term articles of food and drink; and any such medicines, medical stores, or antiscorbutics which are of bad quality shall be deemed to be not pure within the meaning of the Act." This is a good and proper provision, and acts effectually at the present time with respect to antiscorbutics; but adulterations of medicine and medical stores on board ship will still be carried on without let or hindrance, because no machinery exists (and no power is given in the Code to create it) for prevention or detection. The 10th section of the Merchant Shipping Act of 1867, which contained permissive (and therefore utterly useless) regulations for the inspection of seamen before signing articles, is omitted altogether from the new Bill. As a permissive enactment, it was totally ignored, and is therefore wisely omitted; but we again reiterate, in spite of the cries against inspectorial interference, that the safety of our ships at sea is best consulted by manning them with sound and healthy crews, and that means tending to such a result would lessen loss of life afloat, and be financially advantageous to those interested in British commerce. The principle of non-interference that now holds at the Board of Trade with respect to railway and marine matters, may be, and indeed is being, carried too far.

MR. CROWTHER, M.B., ON AID TO THE DROWNING.

WELL would it be for all "who go down to the sea in ships," and who have to encounter the vicissitudes, not indeed of the "battle," but (not less dangerous) of the "breeze," if the practitioners at our seaports would instruct the people in the best mode of rescuing and restoring the shipwrecked, as Mr. Edward Crowther did recently at Chapel, Lincolnshire. The occasion was opportune, as a number of shipping disasters had only a short time previously occurred on that coast; and it was to mitigate the fatality of their future recurrence that Mr. Crowther addressed his fellow-townsmen. He gave them sound practical advice as to how a rope should be used, and what should be done to the drowning man when fairly landed on the beach; when to give stimulants, and when it was safe to remove him to shelter. The lecturer, with a munificence equal to his benevolence and skill, offered a reward of one pound for every man saved, and ten shillings for every honest though unsuccessful attempt at rescue. The proceedings closed with the distribution among the audience of copies of Dr. Marshall Hall's Method of inducing respiration; with the proposal to institute a lifeboat for the Chapel coast, for which Mr. Crowther proffered £50; and with the intimation that a similar meeting would be held on the 26th inst. We wish Mr. Crowther all success in his enlightened and philanthropic enterprise; and would gladly see his example followed by all his medical brethren upon our shores.

DR. SLATER AND THE ISLINGTON BOARD OF GUARDIANS.

IT will be remembered that, after an official Poor-law inquiry, held in November last, Dr. Slater, the medical officer of the Thornhill district of the Islington union, was acquitted honourably of certain charges of neglect which had been brought against him at the instigation of the guardians. It would now appear that the latter have not forgotten the matter, but have been patiently waiting for the opportunity of expressing their feelings. The time has unfortunately arrived. Owing to the wretched laxity of the Poor-law Board, the Consolidated Orders requiring permanence of appointment have been evaded at Islington, and the medical officers are re-elected year by year. At the last meeting of the board, it was assumed by several of the guardians that Dr. Slater would not be re-elected, and notice has accordingly been given to secure applications from other candidates. We have not words to characterise this treatment of Dr. Slater, and we hope that a sufficient number of ex-officio members of the Guardian Board will be found ready and able to prevent such treatment of an

officer who, under great difficulties, nevertheless completely cleared himself of the charges brought against him. We suppose it is useless to appeal to the Poor-law Board, but we hope that it will not continue to sanction these appointments being made from year to year, since it is obvious that no medical officer will be independent who has to perform his duty under the fear of being dismissed should he offend the board.

DR. MAUDSLEY ON THE RELATIONS BETWEEN MIND AND BODY.

AT a time when the treatment of insanity has reappeared in the medical foreground, Dr. Maudsley comes opportunely before the profession with his admirable Gulstonian Lectures (the publication of which we commence in our issue of to-day) on the Relations between Body and Mind, and between Mental and other Diseases of the Nervous System. Much as the series to which these lectures belong has improved of late, we doubt if any have been fraught with so much observation, reflection, and literary resource as those of Dr. Maudsley, delivered, as they were, to an influential and appreciative audience, for which there was scarcely standing-room. The profession, we are confident, will echo our congratulations to the author on his very clear exposition of what is one of the obscurest and the most interesting departments of the physician's art.

DISPENSARIES IN THE CITY.

WE are pleased to observe that very considerable modifications of the Dispensary districts originally proposed for the City have been adopted by the guardians. The union will be divided into six instead of four districts, for medical and general relief. There will be a medical officer for each district, who must be *bonâ fide* resident. There will be two dispensaries, one for the three Western districts, and one for the three Eastern. There will be three Relief Offices. The medical officers of the East and West London Unions have been re-appointed until Midsummer, by which time it is hoped that the new arrangements will be completed.

THE POPLAR HOSPITAL.

WE regret to find that this useful institution is in some danger of being brought to an untimely end. The slackening of work in the neighbourhood, and the pressure of East-end distress, have told heavily upon its resources; and the task of raising the necessary annual income seems to be a greater one than the committee will continue to undertake. At the recent general meeting the propriety of closing the hospital was seriously discussed; but at length it was decided to appoint a sub-committee to consider the best means of continuing it, and to report on the same to another general meeting. The hospital is used for surgical cases only; and it receives a large number of accidents that would otherwise be of necessity taken a long distance to the London. It is much to be hoped that the sub-committee may find some means of preserving a charity that does good work in an unpretending manner.

SMALL-POX AT HIGH WYCOMBE.

THERE is no diminution in the number of cases of small-pox in this town, and the united committee of the local boards sits almost nightly for the purpose of taking the most prompt measures for preventing the spread of the disease. The law prohibiting the wilful exposure of infected persons appears to need enforcement at Wycombe, for we see it is stated that people in the town have purposely brought their children in contact with others suffering from small-pox in the hope that the disease might be contracted in a mild form. The Board of Guardians has received a communication from the Medical Department of the Privy Council inquiring into the state of vaccination in the district. We understand that at least twelve out of the thirteen deaths noticed by us last week as having occurred from small-pox have taken place within the last three months, so that the mortality from the disease has been nearly twenty-eight (instead of seven) times greater than the average annual small-pox mortality in England.

REMOVAL OF FEVER PATIENTS IN PUBLIC CABS.

IT is hopeless to expect reasonable sanitary legislation until we have a Sanitary Department in the Government. The Home Secretary has at length recognised the fact that fever patients are really removed to the Fever Hospital in public vehicles. But it is now discovered, for the first time since the passing of the Act prohibiting the practice, that the penalty can only be levied on the patient.

THE HEALTH OF GUILDFORD.

IT is exceedingly gratifying to record a great improvement in the sanitary condition of the town of Guildford—the undoubted result of the appointment of an officer of health, and great attention to the state of the dwellings of the poor. The birth-rate has been 30 per thousand, and the death-rate only 15·63 per thousand. The deaths from zymotic diseases are extremely few—viz., two from scarlatina, three from typhoid fever, and three from diarrhœa. With a new water-supply, Guildford is likely to become one of the very healthiest towns in England.

ANOTHER change has taken place in the City of Dublin Hospital. Dr. Jacob, the ophthalmic surgeon, having resigned, his place has been filled up by the appointment of Mr. Stoney, late ophthalmic surgeon to the Adelaide Hospital. The money paid for the vacancy goes to the outgoing surgeon, as is always the rule in this institution.

THE Admiralty have given the Training School Ship Committee two vessels—the *Gibraltar* for Roman Catholics, and the *Creole* for Protestant boys. It is calculated that, with due regard to space, these ships will accommodate about 600 boys. Cork, we understand, has been fixed upon as the head-quarters for all the Training School ships for Ireland.

A NEW form of thermometer, it is said, has been invented by M. Lamy, in which the sensitive agent is composed of the chloride of calcium.

SCARLATINA has broken out among the pupils at Marlborough College. More than thirty cases have already occurred. There was a death on Sunday, a second on Monday, and after the third, on Tuesday, it was thought advisable at once to break up the school.

SMALL-POX prevails in Paris with increasing fatality; last week 112 deaths occurred from it, against 97 and 90 in the two previous weeks.

THE high rate of mortality which has lately prevailed in Bristol has evidently attracted attention, for the Registrar-General published in his last Weekly Return some remarks on the subject from the health-officer of the city. Mr. Davies shows that the excess of mortality has been caused mainly by diseases of the respiratory organs.

THE Liverpool Corporation has subscribed £5000 to the fund for building a new hospital for infectious diseases in Liverpool.

THE *Sheffield Independent* says that since the commencement of the present year instances of the finding of bodies of infants, under circumstances leading to the suspicion of foul play, have been unusually numerous. One more case was added to the list on Sunday last. Read in connexion with our last week's annotation upon the alleged frequent practice of abortion in Sheffield, the facts are significant enough to call for inquiry.

A SPECIAL committee has, we believe, been appointed to inquire into the general management of the Royal Medical Benevolent College at Epsom.

ROYAL COLLEGE OF SURGEONS.

IMPORTANT MEETING OF THE FELLOWS AND MEMBERS.

ON Thursday afternoon, at 3 o'clock, a general meeting of the Fellows and Members of the Royal College of Surgeons, who assembled to the number of about 250, was held in the theatre of the College, to consider the present position of the College with respect to probable legislation, and the formation of a single examining board for each division of the United Kingdom. The chair was taken by the President of the College, Mr. Cock.

The Secretary having read the advertisement convening the meeting,

The PRESIDENT said: Allow me, gentlemen, to congratulate you on this the first occasion of a meeting of the fellows and members of the College within these walls. (Hear, hear). The Council gladly and unanimously accoded to the wishes of the fellows and members that they should meet here, and they are here. I only wish that you could be better accommodated than in this somewhat confined and not very well ventilated theatre, but we have no hall at this College like that which some other Colleges have. Our premises are almost entirely occupied by the museum, which you know is very large, by the library, and by the necessary offices of the College. We have neither space to build any hall, nor funds to do it with. The museum, which is the finest in the world, and which is of national reputation and use, and the library which I believe is the best medical library in England, of course take up considerable room, and our funds will scarcely suffice to keep them in their integrity, and to constantly renew what is required. I will not keep you one moment, but I think you will find in the discussions which will follow that, as the time of many will be limited, it will be most convenient to confine the discussions entirely to that subject which has been advertised. I think also you will find it convenient if you attend to the rule which is adopted in a still higher house of assembly, but which certainly is not always followed there,—that each speaker shall express himself as briefly as possible, and as much to the purpose as possible. There is also another rule which I believe is always followed there, that a person who has once spoken shall not again seek to make a speech to the deprivation of others who may be equally anxious to join in the discussion, unless indeed it may be for the purpose of explanation or of answering. I think you will find it convenient, too, that the name of every speaker who may not be publicly known should, for the convenience of the reporters, be given out. In conclusion, I have only to assure you, gentlemen, that any wishes you may express, any opinions you may form, any resolutions you may come to, shall be received and shall be considered with the most earnest attention by the Council of this College. (Applause.)

Dr. MORRIS (of Spalding) proposed the first resolution. He congratulated the Fellows and Members present upon the great triumph they had achieved in being enabled to attend within that time-honoured institution to discuss freely, and without fear or favour, the interests of the College. This was not the first time that an attempt to have such a meeting had been made. He himself had on two former occasions attempted to address the President upon matters relating to the College itself, but on both of those occasions he was rebuked and put down with the remark that the legal adviser of the Council declared he could not be allowed to speak. He was very glad to find that the legal adviser had at length been enabled to grant them the privilege, for the very bye-law, under a section of which they then met, had been in existence for the past forty years. Why it should have suddenly become so elastic as to permit them to meet together, was very strange. It was just possible that the legal functionary had been troubled with that peculiar functional disorder of the optic nerve, the official film, and had not been able to see his way. (Laughter.) Those two eminent surgeons, Mr. Erichsen and Mr. Gay, had been sent in to assist in removing the disorder, and they had done their service faithfully and well. (Applause.) In considering the first resolution, which related to probable legislation, and the formation of a single examining board, it was necessary to take a view of the past and present position of the College. In 1800 the first charter was granted to the barber-surgeons of England, the court consisting of twenty-one members, out of whom ten were elected examiners for life. Things went on most swimmingly till 1822, when an amended charter was obtained, changing the names of the masters and governors to presidents and vice-presidents of the College. He could not refrain at this point from paying a tribute of respect to the memory of one man who had gone from amongst them, but who years ago agitated the very question of their being permitted to meet together as now for the first time they did. He alluded to the late Mr. Wakley. (Applause.) Although he met with great difficulties, and was exposed to personal insult within the building, he persistently and consistently, down to the time of his death, advocated the throwing open the institution to the members for free discussion. That spirit of liberalism which had done so much for the members was advocated even to the present time by the leading medical periodical in the United Kingdom. After the amended charter of 1822 the members of the College still found great cause for complaint; and in 1843 another charter was obtained, which increased the number of Councillors to twenty-four, and created another body of Members called Fellows. It also took away the power of self-election from the Council, and gave it to the Fellows. This was a great point gained; but that power ought to have been given to the whole body of members. (Applause.) It was, however, a most remarkable circumstance in the history of the College that that power of electing to the Council should have lain dormant so long. The Fellows had possessed the power to correct the evils they had complained of, and to weed out the Council; yet no one seemed inclined to take the matter up. At last, however, they underwent the same friendly operation as that to which the legal adviser had been subjected—they began to see their way clear, and to understand that the remedy was in their own hands. Those who were called would-be reformers of the College were as much interested in the science of surgery and its progress as those who professed a great deal more. They were proud of the Council of the institution, but they thought if it had less to do with the executive of it it would be far better. In 1852 another charter was granted, which limited the time of examiners to five years. That was another great point gained. At present they were in the midst of very stirring times, and he hoped that their meeting together would be the forerunner of great changes in the institution. The resolution which he had to propose was,—"That in the opinion of this meeting it is highly desirable that a single Examining Board should be established in each division of the United Kingdom, as the sole portal of professional practice." Such a change would effect great good. Whenever any alteration had been previously proposed with regard to the medical corporations, there had always been much talk of protecting vested interests; but if Government would now take the official sponge, and wipe those bodies completely out, and begin all again, it would be better for science and for surgery. (Applause.) He would take away all power of examining from the various boards, and he would even make membership of any one of the Colleges a disqualification

for a seat at the examining board. ("No, no," and applause.)

Dr. CARR (of Blackheath) seconded the motion. He congratulated the president on presiding over the first meeting of the members at which free discussion was to be permitted. He believed the change proposed in the resolution would elevate the profession, and tend to improve their education. It was often said that, as a rule, physicians knew nothing of surgery, and surgeons knew nothing of medicine. This was greatly due to a defective education, and therefore when a combined board compelled men to submit to and pass a proper curriculum of education—a curriculum which included both medicine and surgery—that opprobrium could no longer be cast upon the profession. The body was but one body, and men who pretended to deal with the diseases of the body ought to be educated in both medicine and surgery. If the scheme of one Examining Board were carried out, those who entered the profession would be compelled to acquire a knowledge of both branches.

Mr. WYLDE, the legal adviser of the Council, explained that when, on previous occasions, he had said it was not competent for members to address the meeting, it was when they were convened for a special purpose, and then, according to the bye-laws, no other matters could be discussed.

Dr. CRISP said he had advocated the establishment of a single examining board for each division of the kingdom for more than thirty years, but such a board ought to be representative. At the present time 20 different diplomas could be obtained, while there were 79 teachers and examiners, and 45, or, as some said, 51 different degrees. The Medical Council was elected by only 300 out of the 21,000 members of the profession. (Hear, hear.) Of the 24 members of the Council, 8 were Englishmen, 9 Scotchmen, and 7 Irishmen; so that there was one Scotch member for every 330,333 inhabitants, one Irish member for every 857,142, and one English member for every 2,500,000. (Hear, hear.) The Council, too, was composed of men whose interest it was to glut the diploma market. Since the Council had been established seven or eight new diplomas had been formed, and at the last session it was proposed to have another, while 759 men were on its Register who had not a medical qualification. These figures showed the necessity for reform, but unless the proposed examining boards were representative not much good would be effected.

Mr. HECKSTALL SMITH quite agreed with Dr. Carr in thinking that there should be no real distinction between surgeons and physicians. The only difference he had been able to make out between them was that a surgeon was a physician and something more. He was therefore sincerely glad that the time was approaching when all candidates would have to pass through one portal, and thus be enabled to practise in any branch of the profession, as their tastes and inclinations might lead. Still he had an objection to the resolution and to the suggestions which had been made by the Government for remedying the existing evils. The great difficulty which the profession had had to contend with was the competition between various licensing bodies as to whom they should or should not admit. This had prevented true tests being applied to candidates before entering the arena of practice, but if the resolution was agreed to, and the scheme it supported adopted by the Legislature, there would still be opportunity for such competition to exist, for there would be three licensing bodies in the United Kingdom. How could any security be felt that there would not be considerable differences in the tests to which candidates were submitted, and rival feelings leading to the admission of many who ought not to be allowed to practise? (Hear.) The amendment which he should propose would therefore express the view that there should be no territorial division of the examination. He proposed to omit three words from the resolution, "each division of," so that it would then read, "That in the opinion of this meeting, it is highly desirable that a single examining and licensing board shall be established in the United Kingdom as the sole portal to professional practice." (Applause.)

Mr. ERASMUS WILSON said the amendment appeared to him to involve a principle of so much importance that he gladly seconded it. He felt that there ought to be no distinctions between members of the profession, except those which they were capable of making for themselves. (Hear, hear and applause.) They ought all to go into the ranks and show by their conduct there what they were worth. Any other distinctions, so far from doing honour to them, contributed rather to the opposite result. With this feeling he seconded the amendment.

Mr. GANT heartily concurred in the principle laid down in the resolution. He had never been able to understand the alleged incompatibility of the offices of a councillor and an examiner. He had heard and read that there was a sort of antagonism between them, and that the fact of holding one really disqualified from holding the other by some kind of natural repugnance. It had been said that the duties of the Council of the College were principally of an administrative character, that they attended to the finances, and the museum, and regulated the courses of lectures, and that in these matters they had shown great ability during the past forty years; but it must also be admitted that some of the greatest surgeons England had ever produced had been and still were on the Council. He therefore did not think the argument against members of the Council being also examiners was very effective. Of course the question would arise what proportion of a Council might consist of examiners, for if the proportion was large, independence of action would be abolished; but otherwise he saw no objection to a person being a member of a council at the same time he had a seat at a Board of Examiners.

Mr. BAXTER LANGLEY suggested that it would be desirable to have all the resolutions read which it was intended to propose.

The PRESIDENT said he supposed that there was some one who was in possession of the secret. (Laughter.)

The following resolutions were then handed in and read:—

"2. That, in the opinion of this meeting, the establishment and regulation of the single examining and licensing board should not be left in the hands of existing medical corporations.

"3. That if representatives of the medical corporations should be continued by a new Medical Act, the Fellows and Members of the Royal College of Surgeons have, as a corporation, the right to elect a representative.

4. That a copy of the foregoing resolutions be forwarded to the Lord President of the Privy Council."

Mr. BRADY, M.P., said he was highly gratified to see such an assembly met together to consider a subject so largely affecting the interests of the profession. Up to the present time the profession had no doubt been in a most unsatisfactory state (hear, hear), and he could not help saying that the corporate bodies had contributed largely to the present almost degraded state of the profession. (Hear.) They had never sought to protect their own members when they had once passed through their hands. If they had done their duty towards their *alumni*, the present condition of discontent and dissatisfaction could never have been brought about. He looked forward, however, to brighter days. The corporate bodies had arisen from their sleep; they were aware of the dangerous position in which they were placed, and were determined to make amends to the profession. He (Mr. Brady) had been a reformer for many years, and had endeavoured in the House of Commons to render some service to the profession. (Cheers.) Had he been supported by the corporate bodies in those humble efforts, a much larger amount of benefit would have been secured. He hoped that the members of the Colleges would deliberate thoroughly upon the resolution now proposed. It was one full of danger, and it was impossible to say to what results it might lead. What would become of the Colleges and institutions which had grown up in the profession? What guarantee would there be as to the competency of the men who should be admitted through the "one portal"? The Colleges must sink, and the profession would sink too. (Hear, hear, and No, no). What would the people of Scotland say to the proposal? What would the people of Ireland say to it? They would be obliged to come to London to be examined. (No, no.) That would be the result according to the amendment, as to which he was speaking; and he was equally opposed to the resolution. (Laughter.) It had not received the consideration of the profession at large; and until the profession was thoroughly acquainted with its purport, it would not be wise to pass it. (Hear.)

Mr. THOMAS B. CROSBY said he was about to second the

amendment proposed by Mr. Heckstall Smith, to whose remarks the meeting ought to pay the greatest attention. Notwithstanding the observations of Mr. Brady, he did not see how any harm could be done to the Scotch or Irish people by having a single Board of Examiners for the three kingdoms. As a general practitioner he felt that the proposed scheme would obliterate much of the jealousy existing in country towns, where, at present, men having one or two letters to their names were superseded by men with five or six. With one examining board all candidates would undergo the same examination, wherever they may be; just as in the case of the London University, whose examinations were held simultaneously at London, Sidney, and Melbourne.

Mr. BAXTER LANGLEY said it appeared that there was a prevalent idea that if the Government were to sanction a uniform qualification, the examining bodies would practically cease their examining functions. (No, no.) It was, however, impossible; and if it were possible, it would not be desirable to deprive the corporations of the right to confer diplomas if they thought fit. Superior qualifications would always have their effect, and nothing should be done to exclude competition between persons variously qualified. No monopoly of the right to confer degrees was required; but care should be taken that each diploma should really indicate merit and knowledge in the department to which it related. The public should be left to judge of the value to be attached to the various diplomas. It was impossible to adopt any other course than a free competition between the various corporations; and if there was a uniform licence to practise, based on a minimum qualification, the corporations would be forced to compete upwards instead of competing downwards. (Hear, hear.) If the scheme recommended in the amendment were adopted, it would necessitate a caravan to carry about the peripatetic examiners from place to place. (Laughter.) Moreover, the most competent men could not possibly spare time to wander about the country to the different centres of examination, and an inferior class of men would have to be appointed.

The amendment was then put, and about thirty hands only were held up in its favour; a large majority voting against it. It was accordingly declared to be lost.

Mr. WALTER RIVINGTON proposed, as an addition to the resolution, the following words:—"That means should be taken to secure uniformity of examinations, and equality of fees."

This addition was accepted by the mover and the seconder of the resolution; and, with the addendum, the resolution was put to the meeting, and unanimously adopted.

Mr. NUNNELEY (of Leeds), in proposing the second resolution (given above), said he desired to congratulate the president on the position which he occupied at a time when enormous strides had been made in the knowledge and practice of surgery. Forty years ago, or even later, no one would have dreamed of such a gathering to discuss subjects of interest to the profession and to the public. In considering the question before them, they ought to sink mere corporate feelings, and throw themselves upon the broad support of the profession, and of all the inhabitants of the kingdom. No alteration in the mode of examination would affect the status of any college that would put itself in the van of the present movement. No one felt more than himself the honour of being a Member or a Fellow of the College of Surgeons; and he had no fear that, whatever changes might take place, it would lose the respect of the world which it now possessed. There were two grounds on which the resolution claimed the support of the meeting. In the first place, if there was to be a State examination, the State alone ought to be the authority by which the examination was instituted. Individual corporations possessed but little power beyond that conferred by their own bye-laws; and it was for the State to decide how the examiners should be appointed. In Germany and other countries, where the State was very rigid in requiring a licence to practise, no degree was conferred by the State; and he thought that principle ought to be carried out in England. The State ought, before letting practitioners loose upon society, to require a certain degree of knowledge in every department of medical science, seeing that they might be called upon to treat any disease to which human beings were subject. Having done that, it had done all that it reasonably could do for the protection of its subjects. If, in addition to the State qualification, men wished to have degrees, they would go to colleges where they could be obtained, and whose diplomas were most highly esteemed. There could be no doubt that the profession and the public would very soon settle in a very definite way the value to be attached to particular titles. (Hear.) There would be no more selling of a thousand degrees for a certain sum of money. Every College degree would be of value precisely according to the manner in which the College itself valued it. There need be no fear of the College funds failing for want of fees. What made men anxious years ago to become members of the College of Surgeons, before any legal examination was necessary? What led men to aspire to fellowships? Not compulsion, but popular opinion. What led men to become members of the London University, whose medical degree was perhaps the most difficult of attainment, and therefore the most valued of any in Europe? Popular opinion. What had induced hospitals all over the country to require that their surgeons should be members of the College of Surgeons? Because they knew that the certificate of the College was of real value. And was it to be supposed that that value would ever diminish? Certainly not: and the higher the examination was made the greater the value that would be attached to it. Ambitious young men in the profession would be no less anxious than formerly to distinguish themselves. After all, it mattered but little to the public or the profession how things were managed that were individual to the corporations. But so long as science and medicine flourished, the colleges would be at the head of them. It was not the colleges that had given status to the honoured men, some of whom he saw around him; it was they who had, by their great reputation, given distinction to the office which they filled. (Cheers.) The second reason for passing the resolution was the existence of nineteen bodies empowered to teach and grant licences to practise, all of whom, if the examinations were left in their hands, would be wrangling over the fees, and disputing about the manner in which they ought to be distributed. (Hear, hear.)

Mr. BRUDENELL CARTER said he felt, after having listened to Mr. Nunneley, like a Bristolian of former times who, when called upon to follow a great statesman, said, "I say ditto to Mr. Burke." (Laughter.) Mr. Nunneley had left but little to be said by any one who followed him. If there were any tendency in the resolution to lower the dignity of the Royal College of Surgeons, that was not the place to which any man would come to propose it. They were all interested in maintaining the honour and dignity of the College, and were justly proud of their connexion with it. It was not, he thought, difficult to show that a combination of corporations for the sake of fixing a minimum standard of examining must inevitably be a mistake, and must lead in time to come to the same faults and errors as had sprung from it in times past. The corporations would have to meet and compromise, they would have to give and take a little between themselves: the representatives of the College of Physicians would lay special stress upon medicine; and the representatives of the College of Surgeons would give prominence to surgery; and so men perhaps would be admitted to practise who (as Dr. Parkes had already testified) were ignorant not only of where the ulna was, but what it was. (Laughter.) It did not necessarily follow, however, that the examining body should be appointed by the State. The best suggestion that he had heard was that it should be appointed by a small council to be elected in part by the medical profession and in part appointed by the Government. The board for conducting the military examinations worked extremely well, and might be taken as an example. The English corporations had been discussing a plan for conjoint examinations among themselves, dividing the fees into ninths. The scheme was very complicated, and was evidently the offspring of a compromise; and it afforded no adequate security, such as the profession had a right to demand, that none but educated men should enter it. (Hear, hear.) He believed that a satisfactory standard would be best attained by a board in which the corporations had no share. Mr. Carter concluded by seconding the resolution.

Dr. E. CRISP said he wished to propose an amendment in favour of a representative system, but was informed that it would be more appropriate in connexion with the next resolution.

Mr. J. F. CLARKE warned the meeting against the danger which he said would attend any course which should hand the profession over to the Government. What, he asked, would be said if either of the other learned professions proposed to ask the Government to take the education and examination of their *alumni* into its hands? It was much to be regretted that the resolutions had not been made public before they were proposed, instead of being concocted by a clique. He had no amendment to propose, but he asked the meeting to pause before committing itself to the step now proposed. What had the Government done for them? How had it treated the Poor-law question and the naval surgeons? It was only when the College of Surgeons took the foremost position that the naval surgeons got redress. He wished to remind the meeting of the establishment some years ago of the College of General Practitioners, which at first carried everything before it, but was ultimately swamped because its members were said not to be surgeons—they were neither fish, flesh, nor fowl. (Laughter.) Again he urged the meeting not to consent to be bound hand and foot to the State. The profession had been already kicked by the State, and eventually it would be manacled, and then lost altogether. (Hear, hear.)

Mr. ROGERS HARRISON proposed, as an amendment, the omission of the word "not" from the resolution. He said he thought it would be wise to leave the selection of the examining board to the existing corporations instead of trusting to the tender mercies of the Government, who had always ignored any approach that had been made to them. He was an old reformer, and well remembered how they had been pooh-poohed with the most perfect grace and nonchalance by former Home Secretaries, who said they would always "think of the matter," and there was an end of it. When once a State qualification was obtained, the large majority of persons would care nothing about other degrees. It would be enough for them to be allowed to practise—to kill or cure, as chance might be, with the sanction of the Government. The Colleges would be altogether ignored, except, perhaps, by the Poor-law Board or the Military department, who might require one or two degrees.

Mr. GANT seconded the amendment, but added that he should like to propose another.

The PRESIDENT said that only one amendment could be taken at a time.

Mr. T. HOLMES said he thought the meeting was not prepared to pledge itself to any details at present. Both the alternatives which had been suggested were open to objection, and he thought the plan of a combined action between the Colleges was superior to either of the others, but he did not think that the meeting could, without further deliberation, come to a decision on the subject. The Colleges, he thought, ought to have a fair share in the matter; and he would not be a party, at the first public meeting of the members of the College, to abrogating one of the great functions for which the College had existed. (Hear, hear.) As to any scheme of Government examiners, he thought it would be a fertile source of jobbery, and he could not assent to it. He would meet the proposal of Mr. Nunneley with a direct negative. (Cries of "Adjourn.") If it was the wish of the meeting, he would move that an adjournment should take place. (Hear, hear.)

Dr. RUGG seconded the motion for adjournment.

Dr. CRISP was about to propose an amendment, but was called to order.

Mr. WEBSTER complained that full notice had not been given of the resolutions which it was intended to propose.

A discussion then took place as to the time to which the meeting should adjourn. The President stated that the theatre would be required almost constantly, during the next two months, for the examinations. It was then suggested that the meeting should be held in the library, but this proposal received but little favour. Mr. Holmes moved an adjournment to that day four weeks, or as near to that date as the Council might determine. After some conversation, in the course of which the President said that the Council would do its best to meet the wishes of the members, the motion was carried.

The proceedings were brought to an end by a vote of thanks to the President.

THERE are still in the London Fever Hospital nearly 200 cases of relapsing fever.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. SIBSON'S CROONIAN LECTURES ON ANEURISM OF THE AORTA.

LECTURE I.

ON the 23rd inst., Dr. Sibson commenced his lecture with some remarks upon the general character of the symptoms of the disease he was about to speak of, and their great diversity—in some cases absent, in others most grave. Anguish most intolerable and apparently perfect health were alike consistent with the most deadly forms of the disease. Death might be sudden or gradual, without warning or preceded by the most alarming attacks of "cardiac asthma"; it might be caused by hæmorrhage, by cardiac syncope, by suffocation, by starvation, or by coma. The explanation of these varieties was not so much in the character or extent of the central malady, as in the relations of that to surrounding parts.

After a brief glance at the general conditions in an artery which permitted an aneurism to form, the lecturer proceeded to consider aneurisms of the ascending portion of the arch. Those of the sinuses of Valsalva were omitted as having been recently discussed by Dr. Firmin and Dr. Peacock. The great vessels of the neck, he observed, give a fixed bearing to the transverse portion of the arch, leaving its commencement free to change its position in accordance with the varying movements of the heart and body. The strong fascia which, arising from the diaphragm, passes over the pericardium, and on to the aorta and vessels at the neck, both strengthens the great vessels and secures unity in their common movements during the respiratory play of the diaphragm.

Several cases were then related of tubular aneurism of this part of the arch, causing dilatation, from its origin to the great vessels, and producing incompetence of the valves. In the first there was a loud musical murmur, audible a foot from the body, and as low as the sacrum and groins, and a thrill where the murmur was loudest. The second case presented very similar symptoms, and in each after death the aorta was found not only dilated, but elongated, and the lower end so pushed down into the heart as to alter materially the relation of that portion of the heart. This case exhibited in perfection a peculiar symptom, which was also present in some of the others. The patient's breathing would for a short time become very difficult, then gradually become shallower and shallower, till it ceased, and he fell asleep. In about thirty seconds he began to breathe again; the respirations were at first slow, then deep, and finally as laboured as at the commencement, the whole cycle lasting about ninety seconds, and then being renewed with remarkable regularity. For eight days this continued. He then began to spit blood, and with the occurrence of pulmonary apoplexy this peculiar symptom disappeared.

After glancing at the phenomena of "cardiac asthma," exhibited by some of his cases, in which the patient gasps for breath while air is entering freely into every air-cell of his lungs, the lecturer passed on to speak of the pouch-like aneurisms of this part of the aorta, and narrated several cases. In some of these the vena cava was pressed upon, and all the characteristic symptoms induced—swelling of head, neck, and arms, enlargement of veins, &c. In one of these there was a peculiar dark discoloration of the skin, of which only a few cases are on record. A case was related in which similar pressure effects were due to an intra-thoracic tumour, a condition not always easy to distinguish from aneurism. The guiding points in the diagnosis between the two were, the absence of a tumour from the intercostal spaces to the right of the sternum, the evidence of other tumours elsewhere, the presence of varicose veins on the surface of the chest and abdomen, a condition never met with in aneurism; the absence of a disproportion between the first and second sounds of the heart; the absence of enlargement and prominence of the arteries of the neck, and the absence of any marks of arterial disease in other parts of the body.

In conclusion, the lecturer dwelt on the great importance, as a sign of aneurism of this part of the aorta, of the tumour striking the chest-wall at the second interspace to the

right of the sternum. In other aneurisms the pulsation may begin elsewhere, and then descend to that point, but in these the pulsation commences there and, if it moves, travels downwards.

THE REGISTRATION OF SICKNESS.

A PAPER was read at the meeting of the Social Science Association, on Monday evening last, by Mr. James Lewis, "On the Practicability of Collecting and Publishing National Returns of Sickness at frequent intervals." Dr. W. FARR, F.R.S., was in the chair.

Referring to the fact that the Social Science Association had, ten years ago, affirmed the principle which his paper was intended to support, Mr. Lewis cited, as a conclusive illustration of the need for returns of non-fatal diseases, the prevalence of relapsing fever last autumn in London; quoting from Dr. Murchison's articles in THE LANCET, of October 9th, and from subsequent particulars which we gave of the progress of the disease, statistics showing how widely it had prevailed, long before the record of a single death in the Registrar-General's Weekly Returns gave official notice of its existence. The recent outbreak of small-pox at High Wycombe was another case in point; and scores of similar instances might be gleaned from our provincial newspapers at any time. Diseases, like relapsing fever, having a very small ratio of fatality, might flourish for months under our present system, and nobody would be any the wiser.

The evidence contained in the First Report of the Royal Sanitary Commission had made it clear that the want of Sickness Returns for the purposes of public hygiene is fully recognised by the Commission, and by all the leading witnesses; but opinions about the *modus operandi* for the provision of such returns appeared to be a little discrepant. The medical officer of the Privy Council, for example, had told the Commission that what was wanted was a *quarterly* return of sickness treated by the Poor-law medical officers, and an *annual* return of cases from hospitals and other medical charities. Mr. Lewis very strongly urged that the whole of the sickness of the country occurring within any kind of public medical practice should be dealt with uniformly, both as to the intervals of publication, and the nature of the facts to be published. He felt that a *weekly* return of sickness was indispensable, at least for London and the other large towns now included in the Registrar-General's Weekly Return, and if that were supplied we might be content for the present with a *quarterly* return for the whole of the country. This would be a less formidable undertaking than to begin with a weekly return for all England. For the collection of the returns it was proposed to supply from a central office, to every Poor-law medical officer, to the responsible executive officer of all medical charities, and to the medical officers of all friendly and provident societies, blank forms on which to enter, at the stated intervals, the total number of new cases of disease coming under their notice, distinguishing a few of the more serious kinds of zymotic disease; the form when filled up, to be at once transmitted to the central office.

Mr. Lewis's plan differs materially in this respect from that submitted by an influential deputation to the President of the Poor-law Board in November last, and to which Mr. Goschen seemed favourably inclined; for instead of having the actual schedules of the medical officers, containing the details of every case treated, sent to the central office, he contended that those detailed schedules ought to be kept for local use, and that only summaries such as he proposes could or should be utilised for frequent publication centrally. It was argued in favour of the Registrar-General's department, as the central office for sickness returns, that it already possessed in its statistical branch the nucleus of a complete department of English vital statistics, which ought eventually to comprise three subdivisions for Census, Mortality, and Sickness statistics; that the returns of sickness were complementary to the returns of death, and therefore ought not to be dissociated from them; and that on the score of economy it would be far less expensive to make an addition to a department already in existence than to create one out of new materials.

As regards the extent to which sickness returns might be invalidated by defects, Mr. Lewis argued from the experience of the Manchester and Salford Sanitary Association, that a large measure of success might be reasonably hoped for. Dr. Ransome had informed him that, although relying exclusively upon voluntary co-operation, the Manchester returns were so regularly made that for the last eight years not a single return had been wanting from the twenty-nine weekly contributors. If a private society, working at its own cost, were able to accomplish so much, surely a State organisation, with a paid contributory, might hope to be equally successful. In conclusion, Mr. Lewis pointed out how all needful allowances could be made from time to time for defective returns, and he asked the Social Science Association, as the joint parent of the Royal Sanitary Commission, to use its influence towards the establishment of National Sickness Returns.

In the discussion which followed, Mr. Safford, Dr. Hardwicke, Dr. Rogers, Dr. Stallard, Dr. A. P. Stewart, Mr. Holland, Mr. Cargenven, and Dr. Haviland took part, all the speakers warmly concurring with the views contained in the paper. The chairman said the plan proposed by Mr. Lewis was thoroughly practicable, and would meet in the readiest manner the requirements of preventive medicine. He looked upon Sickness Returns as indispensable to medical science; he thought, moreover, that the necessity of making the returns would have a beneficial effect in large public institutions like St. Bartholomew's Hospital, by leading to an increase in the medical staff, as it would be impossible for one man to see 100 patients per hour if he had to make a return of the cases treated; and he strongly advocated that the proposed plan for returns should be pressed upon the notice of the Government. A resolution was passed in the sense of Dr. Farr's concluding observation, and a cordial vote of thanks was accorded to the author of the evening's paper.

REFORM OF THE OUT-PATIENT DEPARTMENT OF HOSPITALS AND DISPENSARIES.

A LARGE and influential meeting was held at the rooms of the Medico-Chirurgical Society on Thursday evening last, Sir William Fergusson, Bart., in the chair. There were representatives from nearly all the London hospitals and dispensaries, and a good sprinkling of general practitioners. Resolutions were passed declaring the evils of the existing out-patient system, and a Committee was formed to investigate and report to another meeting. The pressure on our space compels us to defer a fuller report until next week.

Correspondence.

"Audi alteram partem."

CATHETER FOR RETENTION IN THE BLADDER.

To the Editor of THE LANCET.

SIR,—I am in a position to endorse, with one or two exceptions, every word contained in Mr. Barnard Holt's article in THE LANCET of the 19th ult., advocating "a new form of catheter for retention in the bladder." I successfully adopted a similar line of treatment in its minutest details, and, if I mistake not, with the same kind of catheter *minus* the "wings," three years ago.

It had occurred to me frequently on previous occasions, when attending cases of retention of urine, from various causes, at some distance from my residence, especially when the patient could not be taught to pass an ordinary gum-elastic catheter effectively—which, however, any practitioner of experience knows to be often a very difficult matter,—that an instrument for retention in the bladder, of a flexible nature, which the urine could not act upon, was much needed, and would be a great boon both to the patient and

the practitioner. Accordingly, as above stated, in September, 1867, a favourable opportunity presented itself for its application in an old man, with retention from paralysis of the bladder. I at once wrote to Messrs. Weiss, explaining at considerable length the kind of instrument I required. With their accustomed promptitude, I received by return of post (I must say, contrary to my most sanguine expectations) just the article I wanted—viz., a vulcanised india-rubber catheter, of the size and shape of an ordinary No. 10 gum-elastic catheter, perfectly flexible and elastic, having also the appearance of being able to withstand the action of the urine—no small item in the proceeding. I was informed that it should be introduced without a stilet, and that it was of French construction. From its extreme flexibility, it struck me at a glance that it would be a difficult task to pass it without a stilet. I therefore mounted it on a strong and rather thick iron stilet, with serrated handle, which I had by me, to prevent its wriggling about too freely, smeared it with oil, and passed it with the greatest ease, and then, of course, withdrew the stilet. Having first passed a piece of copper wire through two perforations I made in the lip at the orifice of the catheter, which I twisted into rings, it was secured with tapes in the usual manner. All appeared firmly and perfectly secured *in situ*; but I had scarcely turned my back before it slipped out again, from the slightest effort on the part of the patient. I instantly reintroduced it well home, as I had done before; but instead of tying the tapes on both sides from the wire rings to the tape loop round the free extremity of the penis, I firmly bound them down with strips of plaster round nearly the whole length of the penis, and then tied both ends to the loop round the root of the same—a precaution I afterwards found unnecessary, the plaster being quite sufficient to secure the desired end.

This plan answered admirably. The catheter was retained in the bladder, without being once removed, for six weeks, with the greatest possible comfort to the patient, and convenience to myself. When withdrawn, the phosphatic concretion at the end of the catheter was exceedingly slight, with no erosion whatever, and was as smooth and flexible as when first introduced after wiping off the slight concretion alluded to. Encouraged by such a decided success, I was at once equipped with a complete set of them by Messrs. Weiss, who, I doubt not, if required, would corroborate my statements fully. I used them several times afterwards with the same decided success.

It is quite obvious that the only difference between Mr. B. Holt's method and my own consists in securing the catheter in the bladder. I am quite ready to admit that the "winged" instrument is the most elegant, and in some cases possibly may be more suitable. My method I conceive to be universally applicable, being more easy of introduction, less liable to displacement, and to phosphatic concretion from the absence of the wings in the bladder. This, however, I would leave to further experience and the verdict of the profession to decide.

In conclusion, I can lay claim to being the first, *at all events in England*, to put this method into practice. Nevertheless, not being the first to publish the same, I cordially waive, and most willingly accord to Mr. B. Holt, the credit of having done so.

The catheter being of French origin, I withheld publishing the result of my experience, resting satisfied in giving our neighbours priority in the matter. This, however, I now leave in the hands of Mr. B. Holt, fully assured that, with his well-known reputation in the department he so eminently represents, he will do it ample justice.

Yours faithfully,

King's Lynn, March 8th, 1870. D. W. WILLIAMS, M.D.

P.S.—It so happened that all the patients submitted to my method were old. In the young, for obvious reasons, objections may be taken to fixing the tapes with plaster; and justly so, as it would form a serious obstacle to the erection of the penis. I had always contemplated, when a suitable case presented itself in the young subject, to substitute for the plaster a moderately broad gutta-percha or india-rubber band, say two inches wide, to encase the penis, to be secured to the body by tapes in the usual manner, to the far end of which four or five very narrow short pieces of tape should be sewn, with very small shielded hooks attached to each end, to hook to the eyes in the lips of the catheter. I would suggest to the makers to make the lip harder, and to curl backward in a cupped manner, the concavity to receive the lips of the meatus and tip of the glans penis; four or five holes to be punched out in the circumference of this cup like a shield, guarded with brass eyes, to which, as before stated, the small hooks are fixed.

The great secret to success, in *this* and the *plastering* process, is to keep the catheter well home, *not to project at all beyond the meatus*, and one with the penis altogether.

D. W. W.

MEDICAL REFORM UNION, FOR THE AMENDMENT OF THE MEDICAL ACTS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me to inform the profession, through your columns, that I have now received £262 11*s.* 0*d.* towards the expenses of this movement, including two donations of £5 each from the Manchester Medico-Ethical Association and from the proprietors of THE LANCET. To the 14th inst., I had received £173 19*s.* 7*d.* From the 15th to the 20th inclusive, 5119 circulars were posted to members of the profession who had signed the memorial, but had not contributed. I have now received 370 replies to those circulars, enclosing, in cheques, stamps, and post-office orders, the gross amount of £88 11*s.* 5*d.*

To give an idea of the expenses, I may state that the issue of 17,139 copies of the memorial to the members of the profession in England, Scotland, and Ireland, according to Messrs. Churchill's Directories for 1869, involved a first outlay in postage stamps of £142 16*s.* 6*d.*, each copy being accompanied with a stamped envelope for reply to Dr. Bell Fletcher.

The question now at issue is,—will the profession practically support a movement to obtain the amendment of the Medical Acts on the basis of the memorial signed by a clear majority of the men in actual practice in the three kingdoms?

Of the 9724 who signed the memorial upwards of 8500 have contributed nothing towards the expenses. If each of these will promptly favour the executive of the Medical Reform Union, through me, with a contribution, we shall have enough to discharge present liabilities, and to provide a fund for securing the interests of the profession in the passage of the desired Bill through Parliament.

I have the honour to be, Sir, your obedient servant,

ARTHUR OAKES,
Treasurer of the Medical Reform Union.

The Square, Birmingham, March 22nd, 1870.

P.S.—An account of the sums received, and of the progress of the movement, will shortly be published.

WEST COAST ARMY MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—With reference to the annotation that appeared in THE LANCET of last week headed "West Coast Army Medical Officers," I take leave to offer the following remarks for the consideration of your readers. I would observe—(1) that the regulations quoted by you as those of 1858 (1859?) no more imply promotion from assistant-surgeon to surgeon than from surgeon to surgeon-major; they merely mention promotion. (2) That the title of surgeon, as well as surgeon-major, necessarily entails an increase of pay. (3) That the Warrant of 1859 is the first warrant under which we took service, and the new clause relating to surgeon-major introduced into the Warrant of 1867 cannot invalidate the claim of officers who volunteered to serve on the Coast previous to that date. (4) That assistant-surgeons at present serving on the Coast *do not* obtain their promotion much sooner than in the general service, for within the last four years the authorities have introduced, and made compulsory, a regulation that assistant-surgeons shall, on promotion, serve three additional years as surgeons on the West Coast before being removed into the general service, thus making the rate of promotion several years slower, and much increasing the mortality; Drs. Bradshaw and O'Callaghan, the first two surgeons to whom the rule applied, both died within a month of their completing the

three extra years. (5) That, as the clause of double service for surgeon-major only extends to officers who have volunteered prior to the Warrant of 1867, the number of officers practically entitled to the rank at one time would be very small indeed. And, lastly, that the Warrant of 1859 (or 1858) distinctly states *double service towards promotion and retirement*, and is not in the least ambiguous.

I am, Sir, your obedient servant,

A WEST COAST MEDICAL OFFICER.

London, March 21st, 1870.

*** We advanced the grounds upon which, as it appeared to us, the War Minister had acted. On the receipt of our correspondent's letter we referred to the official documents. (1) The Regulations are those of 1859, but they were signed in 1858. The volunteers to the Coast are *assistant-surgeons*, and, to such, promotion must mean advancement to the grade of surgeon. We can find no allusion to, or mention of, surgeons-major on the West Coast. (2) This is not an increase of pay for length of service, but on attaining a new grade. (3) There is no Warrant of 1859: that of 1858 does not make any mention of the African Medical Service, and what the claims of the medical officers of that service really are is the question in dispute. The style of surgeons-major with increased pay for twenty years' full-pay service, according to the authorities, is not promotion, and it is not so understood in the general service. The Warrant of 1867, it is contended, explicitly laid down what had always been the interpretation of the regulations and the practice. We see no reason for altering our opinion that it is discreditable to the authorities that any misapprehension should have arisen, and we think that the medical officers concerned have just cause of complaint, in that they have been deceived by the ambiguous way in which the regulations have been drawn up.—ED. L.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

DR. TRENCH'S Annual Report of the Sanitary Condition of Liverpool during 1869 was lately presented to the Health Committee. It is, on the whole, a very satisfactory statement, and may be briefly summarised thus. There were 18,668 births, and 14,744 deaths during the year, the total birth-rate being equal to 30·6 per 1000, and the total death-rate equal to 28·9 per 1000; the latter being 3 per 1000 less than the average rate which had prevailed during the previous ten years. The infant mortality continues to be excessive; 4461 infants, or every fourth child born within the borough, died under twelve months old. As a contrast to this, several cases of excessive longevity are put on record. Two women died at the ages, respectively, of 103 and 107 years. From zymotic diseases 4238 deaths occurred, being only 1 per cent. less than the decennial average. The most fatal zymotics were scarlet fever and typhus. A useful table of the 7539 sublet houses occupied by the working classes is appended, showing the number of rooms in each, and the cubic feet of air contained in each room; 6567, or the great majority of these houses, had three rooms, and 19,000 of these rooms averaged from 800 to 1000 cubic feet of space. The number of persons occupying this space—that is, inhabiting each room—varied from 2 to 8.

These are the main features of the Report, which contains, besides, valuable information upon overcrowding, houses of immorality, &c. Amongst the ten large towns whose weekly mortality is published, we did not, I believe, once head the list through an excessive death-rate, but generally stood third or fourth.

An illustration of the pestilential foci we have in our midst, or dotted here and there on the outskirts of the town, was afforded a few days ago. An action was brought by the Wavertree Local Board against certain defendants, the owners of some cottage property, which is situated about two miles from the centre of the town, and is inhabited by washerwomen. In and about these houses exist the following nuisances: offensive cesspools, accumulations of water and sewage, soil saturated with sewage, and sewage overflowing into adjoining premises through defective drainage. In evidence Dr. Swindon stated that seven deaths had occurred from diphtheria in the neighbourhood of the houses. The case was fully proved, and the magistrates decided that the houses were unfit for human habitation, and ordered them to be closed. It is no improbable suggestion that these washerwomen may have carried, through the clothes they washed, the poison of diphtheria into many parts of the town.

A case of poisoning by liquor ammoniæ occurred last week, in which death ensued in five hours. A respectable tradesman swallowed, by mistake for a dose of cod-liver oil, a tablespoonful of the liquor ammoniæ. Œdema of the glottis set in, and the poor man died suffocated.

The Medical Society of Liverpool is having a most successful session. Not only is it constantly adding new members to its ranks, but its meetings are attended by greater numbers than at any former period. Papers of much interest have been read; amongst others, one upon Counter-irritation, by Dr. Davidson; another upon the Value and Safety of Arm-to-arm Vaccination, by Dr. Steele; and at the last meeting of the Society a paper was read by Mr. Reginald Harrison upon the proposed Extension of the Contagious Diseases Acts to the Civil Population, the tenor of which was favourable to its extension under certain modifications.

This subject has been very considerably agitated here, mainly through the exertions of Mrs. Butler, the wife of the principal of the Liverpool College. This lady is the Secretary of the Ladies' National Association for the Repeal of the Contagious Diseases Acts, and is, of course, strongly opposed to both Acts. Under the auspices of the Association, Mrs. Butler has attended meetings and delivered addresses in different towns on the subject. Last week a meeting of the kind was held here, to which men only were invited.

The meeting of the Medical Society to discuss the same subject was held a few days before, and was very largely attended, upwards of sixty members being present. The great majority of the speakers opposed the extension of the Act. However, after a prolonged debate it was agreed to resume the discussion of it at the next meeting.

Liverpool, March 22nd, 1870.

Obituary.

DR. RICHARD POOLE.

AT the venerable age of ninety, Richard Poole, M.D., F.R.C.P. Edin., breathed his last on Friday, the 18th ult., at Coupar-Angus. Born in Edinburgh, but an Englishman, we believe, by extraction, Dr. Poole commenced his literary and medical education at a period when his native city might, without mockery, have been styled "Modern Athens." The intellectual dominion of Hume and Adam Smith had just been succeeded by that of Dugald Stewart, Cullen, Black, Rutherford, Playfair, and Henry Mackenzie, to be continued with even greater splendour by Jeffrey, Sydney Smith, Brougham, Gregory, Dr. Thomas Brown, Chalmers, and Sir Walter Scott. Young Poole did not fail, with his singularly refined and susceptible intellect, to profit by the many-sided inspiration of the *genius loci*; and from an enthusiastic and effective devotion to literature he passed to the severer but not less fascinating study of medicine, in which he graduated as Doctor at the University of St. Andrews in 1805. The close intimacy in which he stood to the leaders of the medical world, and the high esteem in which he was held by all classes of the Edinburgh public, were rapidly securing for him a practice at once extensive and select, while, in 1825, he became a Fellow of the Royal College of Physicians at a time when that honour really conferred distinction. For some years the speculations of Gall and Spurzheim had been attracting attention, particularly in "the grey metropolis of the north"; a Phrenological Society was formed, and of this Dr. Poole was an enthusiastic and able member. His talents were of too discursive and his attainments and predilections of too versa-

tile a character, however, to admit of his exclusive devotion to medical practice, and accordingly we find him contributing largely and with great acceptance to the "Edinburgh Encyclopædia," and to the Encyclopædia Britannica" on such subjects as "Language," "Mind," "Philology," "Philosophy," "Mental Diseases," and others. His "Essay on Education," though savouring too much of the views, at once confident and crude, of the brothers Combe, was highly esteemed at the time of its publication. In 1838 he took the superintendence of the Royal Lunatic Asylum at Montrose when that institution had attained considerable repute under Dr. W. A. F. Browne, now one of Her Majesty's Commissioners in Lunacy for Scotland. This post he held with much credit till 1845; when he went to Middlefield, in Aberdeenshire, where he superintended a private asylum till, within the last few years, increasing age and infirmities induced him to retire. He revisited Montrose in 1861, as the invited guest of the Forfarshire Medical Association; and in acknowledging the toast of his health he concluded with the following words: "My time now cannot be long, but I shall cherish in my heart to the latest day of my life the recollection of this meeting and of the kindness which has now been shown me." He passed gently and painlessly out of life at the residence of his later years, Hill-garden House, Couper-Angus, leaving behind him a reputation for talent, accomplishment, benevolence, and courteous deportment, which, mellowed, and even magnified, by the sunset of a long and useful life, will not fail to keep his memory green.

ARNOLD ROGERS, ESQ., F.R.C.S.

DENTAL SURGERY has lost an able and accomplished representative in Mr. Arnold Rogers, who died at his residence in Hanover-square, on the 18th inst., at the advanced age of 71. He became a Member in 1830, and a Fellow in 1853, of the Royal College of Surgeons of England, and formerly filled the post of Examiner in Dental Surgery at that institution. He was an active and efficient promoter of his special science, whether as member and subsequently as president of the Odontological Society, or as consulting surgeon-dentist to St. Bartholomew's; while as a practitioner he enjoyed a wide and well-deserved popularity, which had sustained no diminution at the time of his scarcely premature decease.

GEORGE WILLIAM LAWRENCE, M.D.

AT the early age of thirty-seven, an accomplished physician has been lost to the profession in Dr. George William Lawrence, who died on the 22nd ult., at Layer Breton Hall. Educated at King's College, of which he was an Associate, he graduated M.B. Lond. in 1857 and in 1859. He held the posts of house-physician to King's College Hospital and of lecturer on botany at Middlesex Hospital; and afterwards devoted himself to the specialty of lunacy. He was successively resident physician at the Camberwell House Lunatic Asylum and medical superintendent of the Cambridge County Asylum—a situation from which increasing ill-health compelled him, in 1867, to seek the retirement of the superannuation list.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 17th:—

Bailey, Henry Bennett, Falmouth-road, Borough.
Hind, Henry, Stockton-on-Tees.
Holman, Robert Colgate, East Hoathly, Sussex.
Sutcliffe, John, Ashton-under-Lyne.
Trezise, William Richards, St. Just's, Cornwall.

The following gentlemen also on the same day passed their first professional examination:—

George Hughes Cable, Guy's Hospital; Richard Favell and William Cane Head, St. Bartholomew's Hospital; William Robert Roper, St. Mary's Hospital.

DEATH FROM CHLOROFORM.—Accrington was much excited on the afternoon of the 19th inst., by the death of a young woman while under chloroform in the surgery of Dr. W. Somerville Millar. From the report of the coroner's inquest on the 21st inst., however, the chloroform seems to have been properly exhibited after due precaution, and we are disposed to concur in the jury's verdict of "Death from syncope produced by a dose of chloroform skilfully administered." No blame whatever (the Coroner announced) is attached to Dr. Millar.

THE MARQUESS OF AILSA.—We regret to say that the hopes entertained of the Marquess of Ailsa's recovery have not been realised. He died on the evening of Saturday, the 19th inst., at Culzeau Castle, whence, at his own urgent wish, he had been removed from Kilmarnock. The proximate cause of death was erysipelas, which had set in before his last fatal journey. On post-mortem examination, extensive fissure of the base of the skull on the left side, laceration of the cerebral substance on the right, with the formation of a clot of effused blood the size of a pigeon's egg, were found by Drs. Paxton, Macintyre, and Wilson, the practitioners in attendance.

DONATIONS, BEQUESTS, &c.—The committee of the Metropolitan Free Hospital have acknowledged the receipt of a second donation of £1000 from "E. G." Upwards of £3000 was collected at the anniversary festival of the City of London Hospital for Diseases of the Chest. Miss Walker, of Coates, has bequeathed £1000 to the Royal Infirmary, Aberdeen, and £500 to the Royal Lunatic Asylum, Edinburgh. Matthew P. Bell, Esq. has bequeathed £400 to the Glasgow Benevolent Society for Relief of the Destitute Sick. Miss Emily Stackhouse, of Truro, has bequeathed £200 to the Royal Cornwall Infirmary. The Grocers' Company have voted £50 to the Samaritan Society of the London Hospital. The Essex Hall Asylum for Idiots has received a legacy of £100 under the will of Mrs. L. L. Carlos. Mr. James Hatton, of Salford, ironmonger, has given £2000 to the Salford Royal Hospital and Dispensary. The committee of the Royal Infirmary for Children and Women, Waterloo-road, have acknowledged the receipt of a donation of £1000 from "E. F. S." The Nottingham General Hospital has received a legacy of £100 under the will of W. F. Parr, Esq. R. K. Lumb, Esq., bequeathed £200 to the Cheltenham General Hospital and Dispensary. John Morley, Esq., bequeathed £100 each to the Manchester Infirmary, the Chorlton Dispensary, the Salford Dispensary, and the Hereford Infirmary. Miss Sarah Fennell bequeathed £100 to the Suffolk Hospital, and £100 to the Essex Hall Asylum for Idiots. The committee of the Great Northern Hospital, Caledonian-road, most gratefully acknowledge a second donation of £1000 from their kind friend "S. W. Y.," and a donation of £10 10s. from the worshipful Company of Cutlers. The Salisbury Infirmary has received a legacy of £100 under the will of Edmund Olding, Esq., and one of £50 under the will of Miss Eliza Alford.

SMALL-POX IN BRENTFORD UNION.—The occurrence of two fresh cases of small-pox in the house within the previous seven days was announced on Wednesday, at a meeting of the guardians, by Mr. G. C. Ashby, the surgeon, whose report, however, of the patients still under treatment was satisfactory. The chairman corrected a misstatement that had appeared in *The Times*, to the effect that Mr. Ashby had not acted to the best of his ability.

Medical Appointments.

CAMPBELL, J., M.B., has been appointed Lecturer on Chemistry at the Carmichael School of Medicine, Dublin, vice E. W. Davy, M.B., appointed Professor of Forensic Medicine at the Royal College of Surgeons, Ireland.

DENE, W. A., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bishops Lydeard or No. 4 District of the Taunton Union, vice Carter, resigned.

DOBBIN, W., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Maghera Dispensary District of the Magherafelt Union, Co. Londonderry, vice J. D. M'Caw, L.R.C.P.Ed.

DYSON, A., L.S.A.L., has been appointed Medical Officer for the Hosley District of the Huddersfield Union, Yorkshire, vice G. Davidson, M.D., resigned.

EDWARDS, E. P., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Bodedern District of the Holyhead Union, vice E. Williams, L.R.C.P.Ed., resigned.

EVISON, H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Burton District of the Kendal Union, Westmoreland, vice W. Armistead, M.B., resigned.

FARREN, N., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Clonmany Dispensary District of the Inishowen Union, Co. Donegal, vice J. Barrett Kearney, L.K.Q.C.P.I., deceased.

FENTON, W., M.R.C.S.E., has been appointed Medical Officer for the Roedness District of the Goole Union, vice W. Baldenby, L.F.P. & S. Glas., deceased.

FOSS, R. W., M.B., has been elected a Fellow of the Botanical Society of Edinburgh.

GAITSKELL, E. P., L.R.C.P.L., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Brackley Union, Northamptonshire, vice D. Freeman, M.R.C.S.E., resigned.

GARRETT, ELIZABETH, L.S.A.L., has been appointed one of the Medical Officers to the East London Hospital for Sick Children.

GREENE, C. H., L.F.P. & S. Glas., has been elected Medical Officer for the Longton District of the Stoke-upon-Trent Union, vice J. Allen, M.D., deceased.

HENRY, R., jun., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Stewartstown Dispensary District of the Cookstown Union, Co. Tyrone, vice Wm. Brown Whittell, M.R.C.S.E., resigned.

KENT, N., M.R.C.S.E., has been re-elected Medical Officer for the Beerferris District of the Tavistock Union.

LAND, T., M.R.C.S.E., Medical Officer to the Leeds Union Workhouse, has been appointed Medical Officer to the Industrial Schools, vice Wilson, deceased.

LANKESTER, Mr. E. R., has obtained the Radcliffe Travelling Fellowship, Oxford, by examination.

LLOYD, RIDGWAY R. S. C. C., M.R.C.S.E., has been appointed Surgeon to the St. Albans Hospital and Dispensary.

M'CLURE, T. C., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the No. 7 or Wellow District of the Bath Union, vice T. H. Flemming, M.D., resigned.

MANSH, H. B., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Upton-on-Severn Union, vice James Fernie, M.R.C.S.E., appointed to the Workhouse and District No. 4 of the Highworth and Swindon Union.

MATTERSON, W., M.D., has been elected Physician to the York Dispensary, vice F. B. Nunneley, M.D., resigned.

MAY, B., M.R.C.S.E., has been appointed Resident Surgical Officer at the General Hospital, Birmingham, vice R. H. Addenbrooke, M.R.C.S.E., resigned.

MAYNE, C. C., M.B., has been elected Medical Officer and Public Vaccinator for the Brough District of the East Ward Union, Westmoreland, vice T. Dalston, L.S.A.L., deceased.

MILNER, W. A., M.D., has been appointed Sir Robert Rede's Lecturer, University of Cambridge, for the ensuing year.

MOON, D. S., L.R.C.P.Ed., has been appointed joint House-Surgeon at the Royal Infirmary, Dundee, vice D. MacEwan, M.B., resigned.

MORISON, J. W., L.R.C.P.Ed., has been appointed Public Vaccinator for District No. 6 of the Pembroke Union, vice Thos. Mansel, M.R.C.S.E., deceased.

NORTHEY, W. C., M.R.C.S.E., has been re-elected Medical Officer for the Milton Abbot District of the Tavistock Union.

RAVEN, T. F., L.R.C.P.L., has been appointed Medical Officer for the St. Peter's District of the Isle of Thanet Union, vice O. C. Walter, M.R.C.S.E., resigned.

REID, D. A., M.D., M.R.C.S., J.P. for the Borough of Pembroke, has been appointed Medical Officer and Public Vaccinator for No. 1 District of the Pembroke Union, vice T. Mansel, M.R.C.S.E., deceased.

STOKES, J. H. L., M.D., has been appointed Ophthalmic and Aural Surgeon to the City of Dublin Hospital, vice A. H. Jacob, M.D., resigned.

WEARNE, V., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Helston Union, Cornwall, and Medical Officer to the Workhouse, vice J. Wearne, M.R.C.S.E., deceased.

Births, Marriages, and Deaths.

BIRTHS.

DIVER.—On the 17th inst., at Rolloway, the wife of Dr. H. W. Diver, of Bombay, of a son.

EVANS.—On the 18th inst., at Cheshunt, the wife of N. Evans, M.D., of a daughter.

READ.—On the 15th inst., at Holles-street, Cavendish-square, the wife of T. Read, L.D.S. R.C.S.E., of a daughter.

REID.—On the 23th of Jan., at Geelong, Australia, Mrs. D. B. Reid, of a son.

UTERMARCK.—On the 22nd inst., at Tamworth, the wife of George Utermarck, Esq., Surgeon, of a son.

MARRIAGES.

BORE—CLARK.—On the 17th inst., at All Saints, Stonebridge, Kingsland, Geo. Henry Bore, M.R.C.S.E., of Stanway, Essex, to Charlotte, widow of Dr. James Clark.

SNAPE—CONOLAN.—On the 17th inst., at the Parish Church, Farndon, Cheshire, Joseph Snape, M.R.C.S.E., L.R.C.P.Ed., to Frances Eleanor, only daughter of the late Peter Conolan, M.D., R.N.

DEATHS.

HALL.—On the 15th inst., at Malta, R. M. Hall, Staff Assistant-Surgeon Army, late of the 7th Dragoon Guards.

HAMILTON.—On the 10th inst., Robert Hamilton, M.R.C.S.E., of Derby, aged 55.

LEONARD.—On the 18th inst., Frederick Lewis Leonard, M.R.C.S.E., Surgeon R.N., on the retired list, son of P. Leonard, M.D., Deputy Inspector-General of Hospitals and Fleets, aged 36.

ORMEROD.—On the 17th inst., after a few hours' illness, William Ormerod, Esq., Surgeon, of Portland-square, Bristol.

RICHARDS.—On the 16th inst., at Surrey-street, Strand, Henry H. Richards, younger son of the late Joseph Richards, Surgeon, of Newcastle-street, Strand.

WILLIAMS.—On the 11th inst., John Williams, of Falmouth, M.R.C.S.E., aged 58.

Medical Diary of the Week.

Monday, March 28.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Jabez Hogg, "On the Organic Germ Theory of Disease."—Dr. Cockle also will give a communication.

Tuesday, March 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Rolleston, "On the Nervous System."

Wednesday, March 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Sibson, "On Aneurisms of the Aorta."

Thursday, March 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."

Friday, April 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Lumleian Lectures: Dr. J. R. Bennett: "The Natural History and Diagnosis of Intra-Thoracic Cancer."
ROYAL INSTITUTION.—8 P.M. Prof. Roscoe, "On Artificial Alizarine."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. Martyn, "On the Management of Early Infancy."

Saturday, April 2.

ST. THOMAS'S HOSPITAL.—Operations, 0½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 0½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Sun."

Notes, Short Comments, and Answers to Correspondents.

THE NEMESIS OF FASHION.

WHEN we remonstrated against the dangerous and senseless practice of ladies exchanging the high dresses, sealskins, and wrappers worn during the day for the low dresses and bare shoulders at night, we scarcely ventured to hope that the orders of fashion were so soon to identify themselves with the dictates of common sense. But so it is. The *Pall Mall Gazette* makes some comments on an announcement in a German paper to the effect that a new era has dawned upon France owing to Madame Ollivier having set the fashion of wearing high evening dresses, and having caused it to be understood that the visitors to her salon were expected to follow her example. The movement is said to have succeeded. We pointed out the risk of contracting what eventually proved grave pulmonary diseases by delicate girls exposing their neck and shoulders to the draughts and cutting winds of our climate. Our contemporary makes an allusion to the ladies attending the late drawing-room at the Palace in low dresses, on a bitterly cold afternoon, and expresses surprise that so barbarous a system should continue. Mothers and *chaperons* who care but little for any risks so long as it is the fashion to incur them, would, however, see that their daughters, and the girls under their care, were clad with some regard to health, if it were only the "correct thing." Why does not some young and lovely leader of fashion set them the example?

Mr. C. M. Evans.—We do not consider that an individual guardian has the right to *order* medical attendance upon cases of sickness. The relieving officer acts, for this purpose, as the servant of the Board. It would be right in exceptional cases and circumstances to respect the reasonable wishes or request of a guardian.

Surgeon Thompson's paper shall, if possible, appear next week.

THINGS NOT GENERALLY KNOWN.

THE *Pharmaceutical Journal* publishes a remarkable instance of unforeseen danger arising from the facility with which oxide of silver is reduced by contact with vegetable extracts in common use. A medical man prescribed twenty-four pills, each containing two grains of the oxide of silver, a twenty-fourth of a grain of muriate of morphia, and a sufficiency of extract of gentian; the pills being coated with silver in the usual manner. The pills were delivered to the patient in an ordinary pill-box, but the lady, being in her nursery and having no pocket in her dress, placed the box in her bosom, probably next the skin. In three-quarters of an hour a severe explosion occurred; her under-clothes were reduced to tinder, and her right breast was seriously burnt. The patient fortunately had presence of mind enough to seize the part with both hands, and thus extinguish the flame. We learn from Mr. Hills that a similar occurrence has been known in compounding the extract of colocynth with the oxide of silver, and that with creasote or oil of cloves this salt is reduced to the metallic state, with the production of heat amounting often to an explosion. In fact, many of the essential oils reduce the oxide of silver, and one of the processes for silvering glass is founded on the fact, oil of cloves being usually employed in the operation. We may mention that when glycerine and permanganate of potash come in contact, heat is evolved, sometimes resulting in flame. An instance has occurred in which a wound was covered with the glycerine of starch, and then sprinkled with powdered permanganate of potash, when the heat produced became unbearable.

J. M., (Stamford-hill.)—Certainly; and all the more if our correspondent demonstrated by an examination the "false alarm."

Peky should have as little to do with lotions of lunar caustic as possible.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—For some weeks past a correspondence has been going on in your journal, which originated from some letters from me in previous numbers of THE LANCET with reference to medical education in Queen's College, Galway. I have said nothing lately on the subject, but a notice in yours of the 12th induces me again to write. In the first place, Mr. F. H. O'Donnell writes to your columns in a manner somewhat corroborative of what I said, though I must say he seems to have taken the matter upon very different grounds from mine. I am very much obliged to Mr. O'Donnell for his sympathy, but I must decline making common cause with him against the Queen's University generally, and against mixed education. My complaints were against the medical school of Queen's College, Galway, and against the authorities of that institution. Those complaints I reiterate; but with the Queen's University, and with the system of mixed education, I have nothing to do except to give them my good wishes.

Next comes an account from Mr. Pye, Sch. Q.C.G., of a monster meeting of seventy students, held in Galway, with the knowledge and consent of the College authorities, to discuss my conduct. I have no fault to find with Mr. Pye; he is a distinguished student, and is one of the gentlemen whom, if there ever is an investigation, I shall call on my side, as he is just as well aware as I am of the abuses which have existed in the medical school. I have been informed by some students of the manner in which that meeting was convened, and I think it right that the public should know about it. It was convened by three Arts students, who had no interest in the medical school, and three of whom were personally adverse to me, because on another occasion I objected to some conduct on their part. In order that the zeal of these gentlemen might not leave them out of pocket, they stationed a money-taker at the meeting-room door, so that no one was to get into this fair meeting without payment. The medical students were not to be done in that fashion, however, and they summarily disposed of the door-keeper, and elected Mr. Pye chairman. I assert that the resolutions adopted at that meeting in no way invalidated my statements. The meeting only took exception to one expression of mine, where I stated that I did not think Irish affairs were well managed. And I do not think they are: but then I am a Scotchman.

With Mr. J. C. O'Donnell's rustication, &c., I have nothing whatever to do. Still, I consider the questions addressed by him to the President as fit and proper ones under the circumstances.

You ask whether the matter is to be allowed to stand here? I do not know. As yet there has been no attempt at an investigation; that is, a searching inquiry before impartial judges totally unconnected with the Queen's University. My statements were plain and straightforward, and concerned facts which happened to myself and others, and about which there can be no question. It is about these facts, and not about theories or systems, that an inquiry ought to be made. You remark that students are entitled to what they pay for. I should think so, but the Galway professors think differently, for they took my money and gave me nothing for it. To be sure, when Dr. Browne found that he was expected to do something more than put his name to a worthless document, he returned his portion of the fees; but another professor still retains my fee, to which he has, in my opinion, no claim, because he purported to give clinical lectures, and had no means of doing so.

I have seen some of the certificates given for attendance on hospitals, and the so-called clinics, and I will not apologise for describing them.

At the head comes a view of the County Infirmary, and then comes

"County Galway Infirmary and Town Fever Hospital.

"These are to certify that Mr. ——— has [remarks] attended the Clinical Lectures in these hospitals," or "has [remarks] attended the practice of these hospitals," (according as the certificate in question is for clinics or for hospitals).

"During the session commencing 18 . Ending 18 .

"(Signed) James O. Browne, John Cleland, Nicholas Colahan, Richard Doherty (medical attendants)."

In some of the certificates I saw the remarks "diligently attended," and I have no doubt that other students have obtained equally satisfactory testimonials. In the particular case to which I refer and which I can at any moment bring forward, the then student was only four or five times in the infirmary in his life, and that was at operations, and once only did he ever hear a clinical lecture there. I have reason to know that other cases even worse than this have occurred, in which the students were never inside the hospital at all, and certainly never heard a clinic, and yet they got certificates. Again, the gentleman above referred to went on various occasions to see how the patient got on after the operation, but could not do so.

I never knew before that Dr. Cleland or Dr. Doherty had anything to do with these hospitals, and I am certain that for many years they never had any connexion with them. Dr. Cleland had the workhouse hospital, which was not recognised by the Queen's University, and Dr. Doherty had no hospital at all, and yet we find they sign themselves as medical attendants of these hospitals, and certify that you attended regularly at them, and the clinics therein delivered.

But, Sir, I would ask, is it not hard that I should have spent time, labour, and money, and all to no purpose, so far as being ultimately licensed is concerned, and that now I should have to leave my professional studies, and pass a second preliminary examination here? I would commend these facts to the attention of those interested in the medical profession. In your journal, and also in the *Freeman*, it has been stated that I am the son of a professor in Galway. That is quite true; but I would distinctly state that that has in no way induced me to come forward as I have done; it rather prevented me, as I did not wish my father to suffer any annoyance. I would also further state that I did not engage in this matter with my father's consent, or advice, or countenance: but I could not stand quietly by and be wronged.

Apologising for again troubling you on this subject,

I am, Sir, your obedient servant,

Edinburgh University, March 15th, 1870. ANDREW S. MELVILLE.

To the Editor of THE LANCET.

SIR,—With regard to the statement of Messrs. Talbot, Drummond McSwinney, and Mulligan, that "we, the conveners of that meeting, had no communication whether directly or indirectly with the President," all I can say is, and I can support my statement on oath, that I saw Mr. McSwinney on the day previous to the meeting coming out of the College Council chamber, and, in reply to a question from another of the conveners as to the course to be taken in relation to the anticipated meeting, all the conveners being present and *waiting for the answer* outside the Council door, he replied "another notice must be put up."

Another notice was put up, which notice assigned the place of meeting in town.

With regard to another statement of the conveners, that "we, being at the meeting, counted ninety-five students there," I can positively state that on the single occasion on which the room was counted—the election of the chairman—the aggregate of votes recorded, all present voting, did not exceed *seventy*.

Further, at the time of the so-called passing of the *resolutions* that number had considerably diminished. As for the graduates of the University, I, who am myself a graduate, positively assert that the majority of those now attending the College disapproved of the meeting being called at all. Furthermore, I openly declared in the meeting that *no* student could *safely* defend the action of Messrs. Melville and O'Donnell.

I am, Sir, your obedient servant,

THOS. MAGUIRE, B.A.,
Third-Year Scholar in Law.

Queen's College, Galway,
March 19th, 1870.

*** We have received a communication to a similar effect to the above from Mr. C. J. O'Donnell, B.A., ex-Senior Scholar in Natural History, ex-Senior Scholar in Ancient Classics, First Peel Exhibitioner, &c.—ED. L.

Mr. J. H. Anderson, (Belfast.)—The practice of coroners differs, and will, it is to be hoped, become more liberal under the new Act that is promised. The coroner has the power to order post-mortem examinations in hospital cases. We agree with our correspondent that it is a hardship in the case of house-surgeons to have to make post-mortem examinations on the order of the coroner, and not to get a fee for it. The late Mr. Wakley used to allow fees in cases brought *dead* to the hospital, or dying in the out-patients' room.

A Constant Subscriber will find the required information in the work of Mr. Albert Napper, of Cranleigh, Surrey, published by Mr. H. K. Lewis, of Gower-street.

THE communication of *Mr. C. J. Fox* "On the Use of Nitrous Oxide Gas as an Anæsthetic in Surgery, with Coxeter's Liquid Gas," shall be inserted in our next.

THE WANDSWORTH DISTRICT DISPENSARY.

To the Editor of THE LANCET.

SIR,—Will you in your next number allow me to say that I have withdrawn my name from "the district dispensary" in the Wandsworth-road, got up by a Mr. Bishop, chemist, because I do not approve of the way in which it is to be conducted, and that I have requested Mr. Bishop to erase my name at once.

Yours truly,

Trinity-square, S.E., March 23rd, 1870. D. HOOPER, M.B.

THE TREATMENT OF ACUTE LUMBAGO.

Mr. W. H. Middleton, M.R.C.S. Eng., writes to the effect that he has not succeeded in the treatment of acute lumbago with two-grain doses of quinine, as recommended by Dr. Glover. He found a quarter of a grain of morphia every four hours effective. Probably a larger experience will satisfy our correspondent of the efficacy of the quinine treatment in the proper cases.

Mr. Frederick Timms.—We have given, in the article referred to by our correspondent, the principal provisions of the Bill. A copy may be had for twopence at Messrs. Eyre and Spottiswoode's, the Queen's printers.

F. R. M. S.—Dr. Eustace Smith on Wasting Diseases of Children. Mr. Soelberg Wells's book is one of the latest on the subject.

T. M. is thanked for his letter with the enclosed advertisement.

WELSH FRIENDLY SOCIETIES AND THEIR DOCTORS.

IT is gratifying to notice the disposition of Friendly Societies to support those medical men who best uphold the dignity of the profession by asking reasonable charges for their services to Clubs. We have two instances in Wales. The Lleyn and Eifionydd Friendly Society, Pwllheli, is a large and flourishing Society; and a few days ago, at its annual meeting, according to custom, proceeded to elect its medical officer. The surgeon for the past year was Mr. T. Hunter Hughes, who had been paid at the moderate rate of 2*s.* 6*d.* per member. This year two other candidates for the office made their applications—namely, Mr. J. Griffith and Mr. H. Owen. Mr. Griffith offered to do the duties for 2*s.* each member, and Mr. Owen for 1*s.* 6*d.* each. The following was the result of the voting:—For Hughes, 65; for Griffith, 24; for Owen, 13. It was also decided by the members to give Mr. Hughes £3 additional to his charge of 2*s.* 6*d.* each member. Well done the members of this Friendly Society, who seem to perceive that it is not necessarily the wisest course to prefer those medical men who would give their services for the least amount. The members of the Gomer Friendly Society, Llanfair Caereinion, have acted similarly. A new-comer, Mr. Morris, with singularly frank selfishness, boasts that he had been the cause of the reduction in the medical fees of the Club from 3*s.* to 2*s.* 6*d.* per member; "*for I considered that, owing to my short residence among you, a reduction would aid me in a successful termination of the election.*" He adds: "Though not quite successful, I am justly proud of the number of my supporters." We would recommend to Mr. Morris some other way of ingratiating himself with the members of Sick Clubs, and we rejoice that a majority of the Gomer Friendly Society were not affected by such an appeal to their pockets. The minority, indeed, gave Mr. Morris a testimonial—a gold pencil-case and an inkstand. In regard to these, Mr. Morris said: "I feel that I do not deserve this testimonial at your hands." And we quite agree with him.

Dr. Stephen Ward's paper "On the Diseases of the Abdominal Viscera" shall appear in our next impression.

A. J. R.—No; it could have had no such influence.

URINARY DEPOSITS.

To the Editor of THE LANCET.

SIR,—I tested some urine the other day with the following result. On the application of heat alone there was no change, and on the addition of nitric acid alone, no change. With heat and nitric acid, no *immediate* change, except a deepening in the colour; but, in perhaps ten or fifteen minutes, on the urine becoming cold below a certain point, a haziness comes on which increases, until ultimately, when the urine has become quite cold, and a certain space of time has elapsed, there is a slight brown flocculent sediment. On the reapplication of heat this sediment entirely disappears, but reappears as before when the urine cools.

This sediment looks exactly like sediments which I have heard pronounced albuminous, yet I am not aware that albuminous sediments once formed ever disappear on the reapplication of heat. Books tell me that when there are urates in excess, nitric acid *alone* will sometimes cause a deposit, but in this case nitric acid alone produces no change. It is only when I have both applied heat and added nitric acid that the haziness and subsequent sediment is formed.

If you will give an answer in your next number, it will greatly oblige

Your obedient servant,

Cambridge, March 17th, 1870. STUDENS.

P.S.—I have examined a good deal of urine, but never saw anything like this before.

*** The same observation was made by Dr. Bence Jones some years ago. The precipitate is said to consist of proteic matter of some kind. The phenomenon is highly curious, and "Student" would do well to study it carefully. Cannot the sediment be washed? If so, is it dissolved by alkalies, and reprecipitated by acids? Does it become crystalline on standing? Does it give the albuminoid reaction with Millon's test?—ED. L.

FRENCH MEDICAL DEGREES.

A.B., M.B., Ch.M., T.C.D.—We believe that residence—that is, attendance on certain courses of University lectures delivered in Paris or one of the other seats of medical instruction—is strictly required for the degrees of the University of France. We are not aware that certificates of attendance at English schools would be accepted as in part satisfaction of the requirements for the French degree.

C. R. has surely mistaken our office, which is not to give certificates of character to anybody who may apply to us.

ATTACKS OF BILIOUS VOMITING IN CHILDREN.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "A Constant Reader" in your journal of last Saturday, permit me to suggest the trial of ipecacuanha in the case of the little girl referred to who suffers from severe attacks of bilious vomiting. Dr. Sidney Ringer, in his work on Therapeutics, recently published, states that he has found few remedies so powerful to check various kinds of vomiting, and that it appears to have a greater power over the vomiting of *children* than of adults.

My own experience fully corroborates this statement. As soon as the attack commences, a *drop* of the wine should be given in a teaspoonful of *cold*—or, better still, *iced*—water, continuing to give this dose at intervals varying from one to two, four, or six hours, according to the urgency of the symptoms. If the vomiting ceases after five or six doses, lengthen the interval, but continue to give the medicine two or three times a day for a few days after the attack has passed off, otherwise it will be likely to recur. Should ipecacuanha fail to relieve, the liquor of arseniate of potash may be thought of, given in doses *under a minim*, two or three times a day.

I am, Sir, your obedient servant,

Malvern, March 22nd, 1870. D. B. DALZELL, M.D.

SICKNESS, OLD AGE, AND DESTITUTION IN THE METROPOLIS.

FROM a return just presented to Parliament, we find that 31 per cent. of metropolitan pauperism is due to old age and permanent disability 34·2 per cent. to destitution, caused by death or desertion of husbands and fathers; and 34·0 per cent. to temporary sickness and want of work. About half of the last are relieved for want of employment. So that it will be observed that 47·2 per cent. of pauperism is due to sickness and old age; whilst the widows and children belong to a category which, under the sanction of the Poor Law, may be relieved at home. It appears, therefore, that, after all, there is but a small proportion of cases to which the workhouse test is properly applicable. This return indicates the direction in which improvements require to be made. Relieve sickness, preserve the lives of the heads of families, prolong the career of the working man by attention to his sanitary state, and we may hope to diminish the number of applicants on account of sickness, widowhood, and old age. For these objects the workhouse is not required, but rather attention in the homes. We are glad to hear that the Inspectors of the Poor-law Board have been inquiring into the administration of out-door relief, since we have continually urged that such an inspection has been long required. If Mr. Goschen can be once convinced that health is the essential condition of the working man's independence, he will promote the establishment of dispensaries and home supervision, instead of the depressing operation of the Poor-law system of relief.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—As a Governor of the above institution, and as the father of a pupil of four years' standing in the school, I cannot be otherwise than interested in the communications of "Medicus" and Dr. L. Owen Fox in your last impression.

I entirely agree with the latter that the Council will not permit any stigma to attach itself to the school—one proof of which I had lately, in the report from my son, that some thefts had taken place, and that expulsion followed swiftly on detection.

As to the assertion of "Medicus," that the educational standard of the school is lower than that of our other great schools, I may mention that the names of Epsom boys are not wanting on the lists of the London University, and that more of them do not greatly distinguish themselves is owing to the fact that the majority of them leave at too early an age to have had an opportunity to do so.

I deprecate the proposal of "Medicus" to call a special general meeting of Governors. Such a course would be a before-hand condemnation of the Council. Let him rather in his own name add weight to Dr. Fox's appeal to the Council for an investigation of the state of the school—an appeal which they ought not to desire to leave unanswered, as it would tend to restore the confidence which the letters of last week may have shaken. This plan appears to me much more just and satisfactory than that of originating a meeting through Corbyn and Co. Your obedient servant,

Whitehaven, March 21st, 1870. T. F. I'ANSON, M.D.

To the Editor of THE LANCET.

SIR,—I am sorry to have to confirm the statements made by "Medicus" and Dr. Fox respecting the internal arrangements of the Medical College at Epsom. During the inclement weather we have lately had, and when the thermometer was ranging from 21° to 29°, the boys in the lower school, after school hours, had no other means of affording themselves relief from cold than by muscular exertion; and the petty larcenies were crying evils. Surely such things ought not to be allowed in an institution which has been held up as an honour to the profession, but which must, under present management, dwindle down into a second-rate school, and no College. These are not the only evils to be complained of. I, for one, shall certainly withdraw my subscription unless some great alteration takes place.

I am, Sir, your obedient servant,

A GOVERNOR FROM THE COMMENCEMENT.

Stoke Newington, March 22nd, 1870.

G. H.—Laudari a laudato is a generous aspiration; but what satisfaction Dr. Abbotts Smith can derive from having his book on "Impediments of Speech" puffed by provincial journals we are at a loss to conceive. A circular, containing twenty such "opinions of the press" in favour of Dr. Abbotts Smith's work, has been forwarded to us; and we can only say that if the document is drawn up, published, and distributed at Dr. Abbotts Smith's instigation or with his sanction, his conduct is unprofessional.

MILK DIET IN DIABETES.

To the Editor of THE LANCET.

SIR,—I send you the following details of a case now under my care, as illustrative of the influence of milk diet upon diabetes, a subject now under discussion in the columns of your journal.

Miss B——, aged forty, first came under treatment on January 25th, 1870. She was extremely thin and emaciated, with tongue dry, brown, and furred, and pulse 120. She had been passing for months upwards of six pints of sugary urine, the specific gravity of which was 1040. I put her upon milk diet, five pints a day, and a mutton chop. During the first week the urine averaged four pints, and the specific gravity on Feb. 1st was 1030. It has averaged four pints since. On March the 5th it was three pints, with a specific gravity of 1017.

She has become stout, and much stronger than she has been for years. Tongue moist and clean. She complained greatly of the milk not satisfying the feeling of hunger in her stomach, to satisfy which I recommended her bran cakes made with butter-milk, soda, and eggs. She is now taking two gallons of butter-milk per week, and four or five pints of milk, two chops, greens, and an ounce of cod-liver oil per day.

I cannot but ascribe the rapid improvement in strength, and diminution in sugar, in so short a time (six weeks) to the quantity of milk in the diet, and believe there is no other food so suitable, or that could have restored her so quickly. I am, Sir, your obedient servant,

Birmingham, March 13th, 1870. HENRY MAY, L.R.C.P. Lond.

BROMIDE OF POTASSIUM IN DIABETES.

DR. AUSTIN FLINT, an American physician, whose views are entitled to great respect, has been treating a few cases of saccharine diabetes with bromide of potassium. Dr. Flint records his cases in the January number of what is called, in happy imitation, the *American Practitioner*. The cases, only three in number, are too few to prove much; but the effects of the bromide in them was such as to justify further use of it in the disease. The quantity of urine was reduced strikingly in all the cases. The necessity to micturate was less frequent. The specific gravity in the first case was at first 1040, and came down to 1029. In the second it was at first 1030, and though the patient improved, feeling more strength, and having less diuresis, the effect on the specific gravity is not given. In the third case the specific gravity was at first 1040, and came down to 1024. Anti-saccharine diet seems to have been a part of the treatment in the cases, though in one Camplin's biscuits had not agreed. When we consider the nervous features of diabetes, it is not remarkable that the bromide should seem to be beneficial. It certainly deserves a careful trial. In one case it had a very soothing effect on the nervous system, giving refreshing sleep. In another it seemed to make the patient sleepy by day. This is an effect on diabetes that would have to be watched, and which we think we have observed. This is a reason, not for withholding the medicine altogether, but only for giving it carefully, and noting the effects. Fifteen or twenty grains three times a day seems to have been the dose.

THE BIRMINGHAM MEDICAL OFFICERS AND THE POOR-LAW BOARD.

To the Editor of THE LANCET.

SIR,—I have just received a copy of the *Birmingham Gazette* of this day's date. It contains a full report of the proceedings of the guardians at their meeting held yesterday, and from this I learn that the Clerk read a letter from the Poor-law Board, dated the 15th instant, stating that "the period for which the reduced number of medical officers were appointed had expired, and asking for information as to how far the experiment had been successful. The Poor-law Board also asked for returns from the medical officers of the number of cases they had attended, and the number of visits they had made each day, and generally to report as to the arrangement that had been tried during the year. The guardians were also requested to report on the same subject. The Poor-law Board also stated that they did not withhold their sanction to the payment; they did not give their approval of the new arrangement." The letter was referred to the Out-door Medical Relief Committee; this being about ten months since they last addressed the guardians on the subject. So after this very prolonged gestation the central authority is delivered of this very abortive production.

To ask the guardians whether the experiment has been successful is to invite a reply that it had been pre-eminently so. To ask for information from medical officers, who are only temporarily appointed (though the Poor-law Board has had for years full power to alter this arrangement), is to place these gentlemen in the same cruel position in which they had been previously put by the Chairman and Vice-Chairman, and subsequently by the guardians themselves at their last meeting on the 9th, when they re-elected them.

When shall we have a central authority so constituted that it will be unnecessary for it to ask boards of guardians to give opinions on subjects they are not competent to understand—strong enough to enforce its own convictions, and which will be sufficiently generous to refrain from seeking information of temporarily appointed officers, which they must know, if truthfully given, will entail their dismissal by the guardians, whose prejudices they will affront?

Possibly some question will be put ere long in the House of Commons which will open up the subject. In the meantime allow me to express my personal conviction that in this, as in many other matters at the Board, Mr. Goschen is cruelly hampered by those he has about him.

I am, Sir, yours obediently,

March 24th, 1870. JOS. ROGERS.

Chirurgeon may with advantage consult Mulder's treatise on Wines (translated by Dr. Bence Jones). The antiquities of the subject are well summarised in the article "Wine" in Smith's Dictionary of the Bible.

THE LATE APPREHENSIONS OF CHOLERA AT SIERRA LEONE.

To the Editor of THE LANCET.

SIR,—Will you do me the favour to give space for a few remarks in reference to a paragraph in your issue of December 18th, 1869, on the subject of an apprehended epidemic of cholera at Sierra Leone. The paragraph I refer to is headed "Forewarned, Forearmed," page 865, and gives an undue prominence to the military medical gentlemen here (for whom individually I have considerable regard), and is calculated, I think, to convey an erroneous impression.

Allow me to state that there is a large and efficient medical staff here in the colonial civil service; that the Administrator-in-Chief—who was then the Colonial Secretary temporarily administering the Government in the absence of the Governor-in-Chief, Sir A. E. Kennedy, C.B.—simply prepared to adopt the measures drafted out several months before by the colonial and assistant-colonial surgeons, at the instance and by the direction and authority of the Governor-in-Chief when cholera prevailed at the Gambia, and he (the Administrator) was guided by the advice of the colonial surgeon throughout. The military medical gentlemen did *not volunteer*, with the exception of Staff Assistant-Surgeon Roe, but made an official tender of their services when applied to, on the expressed condition that they were to be remunerated. The Administrator did not accept their supplementary services as thus tendered, as there was no immediate occasion for them, and I trust there will not be.

I am glad to be able to add that the settlement is healthy, and in very fair sanitary condition. The last official report of cholera was from the civil Commandant at Bulama, dated October 10th, 1869. Up to the present there is no account of any further progress of the disease. The rivers and trading station between this and Bulama are reported free from cholera.

Your obedient servant,

K. W. M'COY, F.R.C.S.,

Sierra Leone, Jan. 16th, 1870. Colonial Surgeon, Sierra Leone.

M.R.C.S. wishes to know what changes take place in certain specimens of urine when, after the addition of nitric acid, a reddish or even dark-brown colour is produced, and this though there be no obvious bilious tinge in the specimen, or evidence of bile-pigment with nitric acid on a porcelain plate.—In reply, we observe, the reaction is due to indican (Heller's uroxanthine), which Schunck found as a normal constituent of urine. When treated with acids, indigo blue and indigo red are formed from it, and these, with the natural urine-pigment, give the tints observed. The presence of bile must not be inferred unless a green colour is distinctly seen under the blue when the urine is floated on pure nitric acid. Possibly the urine examined by "M.R.C.S." contained an abnormal quantity of indican.

Subscriber to THE LANCET (Paris) should apply to Robert Cecly, Esq., F.R.C.S. Eng., Aylesbury, Bucks, for the answer to his first question; as to his second, the recent work of Dr. Berthillon will supply him with the facts and figures he wants; his third will be satisfactorily solved by consulting Drs. Brown and Fraser's paper in the last volume of the *Transactions* of the Royal Society of Edinburgh; while his fourth and last will be nowhere better solved than in "the *Latetia* of the ancients, and the *Latitia* of the moderns."

THE *Whitehaven News* of the 17th instant publishes a correspondence which has lately taken place between the medical officer of health and the Privy Council relative to the sanitary condition of the town. Fever still prevails, and altogether the state of things is most unsatisfactory. We shall recur to the subject next week.

Anxious.—We do not prescribe. Consult a medical man.

Mr. G. M. McEwinney is thanked for his communication, but a collection of carefully observed facts is required at the present time, and we do not see that our correspondent has any new ones to advance.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir E. Hilditch; Dr. Maudsley; Dr. Pollock; Dr. Ogilvie; Mr. Bateman; Mr. T. Russet; Mr. Oakes, Birmingham; Mr. Morgan; Mr. James; Mr. Raven, Durham; Dr. Dalzell, Malvern; Mr. Anderson, Belfast; Mr. Browning; Dr. Evans, Bridport; Mr. Croswell, Dowlais; Mr. E. Clarke; Mr. Tewson, Llandudno; Mr. Harvey; Mr. Williams; Mr. Watton; Mr. Taylor, Chichester; Dr. Asher, Berlin; Mr. Johnstone, Burton; Dr. Griffith; Mr. F. Timms; Mr. Lewis, Portsmouth; Dr. Long, Kanturk; Dr. Jay; Mr. Brown, Walsingham; Dr. Master; Mr. Ward, Galway; Mr. Armistead; Mr. Ormerod; Dr. Foss; Mr. Clopp; Mr. Colthurst; Dr. Fryer; Mr. Lowndes, Liverpool; Mr. Lamb; Dr. Merry, jun.; Mr. Read; Mr. Innes, Bath; Mr. O'Donnell, Galway; Dr. Minter; Mr. Wareing, Dereham; Dr. I'Anson, Whitehaven; Mr. Lee, York; Messrs. Fox and Co., Manchester; Mr. Richards, Hanwell; Mr. Maguire, Galway: Mr. Vincent; Dr. Carpenter; Mr. Hammick; Dr. Snape, Bangor; Mr. J. Ward, Hailsham; Mr. Pye, Galway; Dr. Reid, Pembroke; Mr. Verity, Earlsheaton; Mr. Middleton, New Buckenham; Mr. H. Taylor; Dr. Buchanan, Glasgow; Mr. J. Lawrence; Mr. Rennals, Portsmouth; Mr. Smith, Hungerford; Dr. Hooper; Mr. Wharton, York; Mr. Hughes, Dumbarton; Mr. Proctor, Chepstow; Dr. Reeves, Wheeling; Dr. Sequin, New York; Mr. Davies; Mr. Long, Eastbourne; Mr. Ringer; Mr. Thompson, Warley; Mr. Copland, Cheltenham; Mr. Craven, Canterbury; Mr. Arnold; Mr. Bryden; Mr. Gregory; Mr. F. Stone; Mr. Lloyd, St. Albans; Dr. Prior, Bedford; Dr. Russell; Mr. Rowell; Mr. Dean, Hayling Island; Mr. Keynshaw, St. Heliers; Dr. Miller; Dr. Hastings; A Senior Medical Student; Subscriber to THE LANCET, Paris; F.R.C.S.; P. M.; Anxious; Beta; A. J. R.; Peky; A Graduate; J. M.; F. R. M. S.; C. E. R.; W. P.; N.; Medicus, Chichester; Ignoramus; A. B.; X.; L.M.; M.D., Walsingham; A House-Surgeon; &c. &c.

Parochial Critic, Sheffield Daily Telegraph, Journal of the Scottish Meteorological Society, Scarborough Gazette, Lincolnshire Chronicle, South Bucks Free Press, Halstead Times, Liverpool Daily Courier, Whitehaven News, Belfast News-Letter, Carmarthen Journal, Salford Chronicle, Brighton Guardian, Tower Hamlets Express, Salford Chronicle, Boston Medical and Surgical Journal, Oxford Chronicle, Galway Vindicator, South Durham Mercury, Sheffield Independent, Eastbourne Chronicle, Preston Guardian, and *Brighton Gazette*, have been received.

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